OF STATISTICAL RESEARCH AND RECORDS REET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH fumeral 2. USUAL RESIDENCE (Where decaesed lived, if institution; Residence before edmission) 1. PLACE OF DEATH e. COUNTY a. STATE b. COUNTY MARYLAND 179 b. CITY OR TOWN (if outside coporete limits, write RURAL end give needs) [awn] c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 in by affer Pages filled . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? ban P Avenue YES NO pietely 3. NAME OF DECEASED OF (Typa or print) DESTH 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. carbon 6. COLOR OR RACE NEVER MARRIED last birthday) Months Hours allo WIDOWED D DIVORCED 66 12. CITIZEN OF WHAT COUNTRY? physician state, or sureign country) гетоме 10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, aven if retirad) 13. FATHER NAME 14. MOTHER'S MAIDEN NAME please aftending pue Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. loval, (Yes, no. or unkown) i (If vasgive war or dates of service) the 18. CAUSE OF DEATH [Enter only one cause per line for ONSET AND DEATH DEATH WAS CAUSED BY: Signaid IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) geva rise to immadiate causa DUE TO (e), stating the undarlying causa fast. certificate ha Puri. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III. WAS AUTOPSY PERFORMED? 0 NO F 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yaar factory, streat, office bldg., atc.) Not Whila Hour a.m. While at work at work DIRECTOR: (i) (we) last (ii) (we) last (iii) and that death occurred at 250 M, from the causes and on the date stated above. ...19 saw the deceased on. 22b. DATE SIGNED MED. ATTENDING PHYS. DIRECTOR PHYS. M.D. H. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23s. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Bethel 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

DATE

Company-2

S.H. Hines

15M 9/60

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VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

19779

CERTIFICATE OF DEATH

12730

	* •)				-		
1. PLACE OF DEATH			2. USUAL RESIDEN	CE (Where decesse		on: Residence be	ofore admission)
MONIGOMERY			* STATE MARYLAND * MONTGOMERY				
b. CITY OR TOWN (if our write RURAL and give		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete	limits, write RURA	L end give neare	ist town)
WHEATON	e useresi town)	L DAYS	X SILVER	SPRING, M	D.		
	OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS			0.	IS RESIDENCE ON A FARM?
WHEATON NUR	SING HOME		9404 BF	WCE DR.			IS NO A
3. NAME OF DECEASED (Type or print)	First MARTHA OLIV	Middle IA ALMQUIST	Lest	4. DATE OF DEATH	Month	28	1961
		RRIED NEVER MARRIED 8	9/10/82		birthdey) Monil		JNDER 24 HRS.
10e. USUAL OCCUPATION	(Give kind of work 10	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & State, or foreig	n country) 12	CITIZEN OF W	HAT COUNTRY?
HOUSE WIFE	g life, even if refired)	Own Home	SWEDEN			U. S.	Α.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
FRANK N	OREN		WHILHELMINA PETERSON				
NO 18. CAUSE OF DEA P RT I. DEATH W	TH see only one causo	cule Cardiae	John R. All decompensa	1	shington	INTERV	AL BETWEEN AND DEATH
Conditions, if eny, w geve rise to immediate (e), stating the under cause less.	ceuse rlying DUE TO (c)	Talnutrition		INAL DISEASE CON	DITION GIVEN IN	PART 1(e) 19. V	VAS AUTOPSY PERFORMED?
PART II, OTHER SIC	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUREE					
20c. TIME OF INJURY Hour e.m. p.m.	V		CE OF INJURY (Home, for tory, street, office bldg., el	c.)		(County)	(Stele)
21. I certify that saw the deceased	(I) (this hospital) at alive on Novem	tended the deceased from. oex 28 19.61 and that	death occured at.	1961, to			stated above.
220. SIGNATURE	met a	Portes, has "	ATTENDING PHYS.		TAFF HYS.	Novemb	226. DATE SIGNED DEV 28,1961
22c. PHYSICIAN'S NAME (Type)	ENNET A. PORT	TER JE.	9301 Co	lesville R	Ly Silver S	fring M	14.
230. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	12/1/61	FORT LINCOLN			GEORGE S		(Stete) MARYAL
24 EUNERAL DIRECTOR'S WARNER E. PU	PHREY, INC.	8434 GEORGIA AVE	NUE -	OV 3 0 '61		S. Time	

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WHEN A LEGISLE WARRANT TO THE WARRANT OF THE PARTY OF THE

STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) 1. PLACE OF DEATH . COUNTY b. COUNTY (If outside corporate limits, write RURAL and give nearest town) .5 " hours aft 3. NAME OF DATE DECEASED OF DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR ast birthday) carbo Months WIDOWED 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] IMMEDIATE CAUSE (a) bral hemorrhage, Conditions, if any, gava rise to immediate cause DUE TO (a), stating the underlying 98 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20c, TIME OF INJURY 1 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While at work at work Nov 27 1961, that (1) (last 21. I certify that (I) (this hospital) attended the deceased from...... ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, | 236. OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) Washington, D. C Cemetery 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

IS RESIDENCE

ON A FARM

IF UNDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

(County)

Christy & House

DATE NOV 2 9 '61

NO M

(State)

22b. DATE

SIGNED

director, be filed VR A15 (4) 15M 9/60

DIRECTOR

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1227231 " har weekled J.C. of third a When Horin Washing town 3248-131 January 14 X The Ever bage Fines 11 127 61 10/8/53 68 Finals Wite 16.3.17. 127. Fellor L. C. sornes watering 20171 1 6.00-Frenchister of the United States Plans ENVENTE STATES AND SENDENCE MINESTER IN 27/4/ 10002/100 5/20/4/020/25/20 12/2020) 1/2 27 4/2 - 4/2 - 2/2 - 2/2 Though these 11.03 E CO. 4 24 5 4 cars 40 35 17 18 57 57 57 54 7 Stone Little land . A.M. nor indicate gras depresentate folialist falles 27 1/4 for wearing 1901 1904 1910 may 2 8 300 company

TO HO PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death copyed may be retained by the hospital or attending physician.

TO FUIERAL DIRECTOR: After this certificate has been signed by the attending physician and compactly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove capton papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

2

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12745
CERTIFICATE OF DEATH
12732

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed livad, If Institution: Residence before admission) a. STATE b. COUNTY			
Montgomery Maryland	Georgia Lowndes			
Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town)				
Bethesda 9 Days	Valdosta 49X·3			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE			
Mha Clivias Comban	3709 Charlton Street. YES NO T			
The Clinical Center 3. NAME OF First Middle	1709 Charlton Street YES NO 1			
DECEASED	OF			
WILEI RUBERT	ARNOLD NOVEMBER 20, 17 OI			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Deys Hours Min.			
Male White WIDOWED DIVORCED	April 12, 1927 34 yrs.			
	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
Credit Manager	Georgia USA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
D73 D 473	T4334 - 36 Oh -3			
Donald R. Arnold 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Lillie M. Stalvey			
(Yes, no, or unkown) (If yes give wer or detes of service)	The Medical Record			
	ne Clinical Center, Bethesda 14, Maryland			
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: Aortic insufficie	ncy 3 years			
377 DUE 10				
Conditions, if any, which the Rheumatoid spondy	litis & aortitis 16 years			
geva risa lo immediete ceuse	The state of the s			
(a), stelling the underlying DUE TO				
couse lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?			
EV.	YES NO .			
OR CONTRIBUTING [] CAUSE OF DEATH	ED. (Enter natura of injury in Pert I or Part II of itam 18.)			
	LACE OF INJURY (Home, ferm, '2Df. (City or town) (County) (Stata)			
p.m. 19 et work et work				
21 certify that (I) (this hospital) attended the deceased from	November 19,1961, to Nov. 28,, 19.61 that (I) (we) last			
	at death occured a 2:20 PM rom the causes and on the date stated above			
22e. SIGNATURE	22b. DATE			
	ATTENDING MED STAFF SIGNED			
	M.D. PHYS. DIRECTOR PHYS. 11/29/61			
22c. PHYSICIAN'S NAME (Type) Pour a. Elect	Institutes of Health, Bethesda 14, Md.			
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town or county) (State)			
DEMOVAL (Specify)	1 Cemetery Valdosta, Georgia			
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
ROBERT A. PUMPHREY Bethesda				
TODERI A. LOPILIREDI DECRESA	, Md. DATE DEC 4 '61 Outlan 8. Keaud			

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May 25,35 61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECO 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 46 CERTIFICATE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) b. COUNTY Montgomery Montgomery 音の声 MARYLAND by the b, CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give necest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Takoma Park. Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Washington Sanitarium & Hospital 8600-2nd Avenue NAME OF Middle DATE Month DECEASED Hattie Nov. (Type or print) Babbitt DEATH with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey] Months Apri Female WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work G. A O BUSINESS OR INDUSTRY BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.Gov't Retired- Auditor Washing ton.D.C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WilliamE. Brooks Amanda-15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AddresSilverSpring, Md. (Yas, no, or unkown) | (Ifyesgivewarordatesofsarvice) no Edward F. Babbitt 8600 2nd Avenue 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) Conditions, If eny, which gave risa to immediate cause DUE TO (a), steting the underlying cousa lest. CERTIFICATION prior DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED I 20f. (City or town) (County) factory, streat, office bldg., etc. Not While While Hour a.m. el work et work 21. I certify that (1) (this hospital) attended the deceased from...... saw the deceased alive on..... 22e. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Spring Street, Silver Spring, Md Jason Geiger 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Fort Lincoln Cemetery Prince Georges County, Md. ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE Burial

lith St., N.W.

DATE NOV 9

e. IS RESIDENCE ON A FARM?

YES NO X

61 19

Year

INTERVAL BETWEEN ONSET AND DEATH

NO L

(State)

226. DATE

arthur S. Krous

SIGNED

Day

0 **VR A15 (4)** 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

S.H.Himes Co.-2901

DIRECTOR:

funeral

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0 carbon

and

signed by the

filled in Pages

within 24 hours after

1,7,75 0 10 Sandranil and all the several 1244 27030 Acceptance of Suntterpress of a state of the Conductor . TI mint Po sylle o Elyen ofin of man Entropy Sent and American Police Don How wilden P . . . Example Charles No see the law with the arrayarana and a faranna, and ma Wagner Schlight and Schlight the second Control of the Control contracted by the property Charles almost a company of the first of the state of the 12-10 14 11- P. MA 10 A Total . No a mark moves, a make and the parker 3 La Adoles Total Lincoln Contests Polare County Total The same detailed and the same of the same

MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where decresed I vad. if the Little Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY New Jersey Montgomery MARYLAND b. CITY OR TOWN (if outside corporate I m ts. E LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neurast town) write RURAL and give nearest town) 37 Days Bethesda East Orange d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS The Clinical Center North Arlington Avenue 3. NAME OF DECEASED (Type or print) DEATH CHARLES JOHN. BACHMAN November carbon 16. COLOR OR RACE 7, MARR ED THEYER MARRIED 19. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B DATE OF BIRTH last birthday) | Months Days Male WIDOWED DIVORCED February 13, 1906 10a. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? 9 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country, dona during most of working I fa, avan if ratired) Education Pennsylvania Engineer 13. FATHER'S NAME 14 MOTHER S MA DEN NAME affending p and ple Paul Bachman Nellie Bailev 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record (Yas, no, or unkown) ((If yes give war or dates of service) physician. The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: MAMEDIATE CAUSE (a) Ventricular Fibrillation certificate has been signer use as the burial-transit DUE TO Aortic Insufficiency Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the underlying c. Rheumatic Heart Disease - Inactive PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 5 g Low urinary tract obstruction (Prostatic hypertrophy) 20s. ACCIDENT WAS UNDERLYNG | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Part I or Part I of Itam 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After this c 3 should be detached for MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour a.m. ŏ at work at work 21. I certify that xlk (this hospital) attended the deceased from October 8, 1961, November 14,1961, that (1) (we) last Nova Ali Mg. 61, and that death occurred at 8: 10 Av Mr the causes and on the date stated above. saw the deceased alive on! SIGNATUR ATTENDING m DIRECTOR PHYS. November 14, 1961 PHYS. The Clinical Center, National 22c. PHYSICIAN'S Douglas Clark Institutes of Health, Bethesda 14, Md. 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county) Burial-transit 11-15-61Great Valley Presby.Cem. Malvern.

ADDRESS

Bethesda, Md.

IS RESIDENCE ON FARM? YES Lo NO X

Hours

ONSET AND DEATH

20 min.

vears

years

NO

(Stata)

SIGNED

(Stata)

Penna.

PERFORMED?

USA

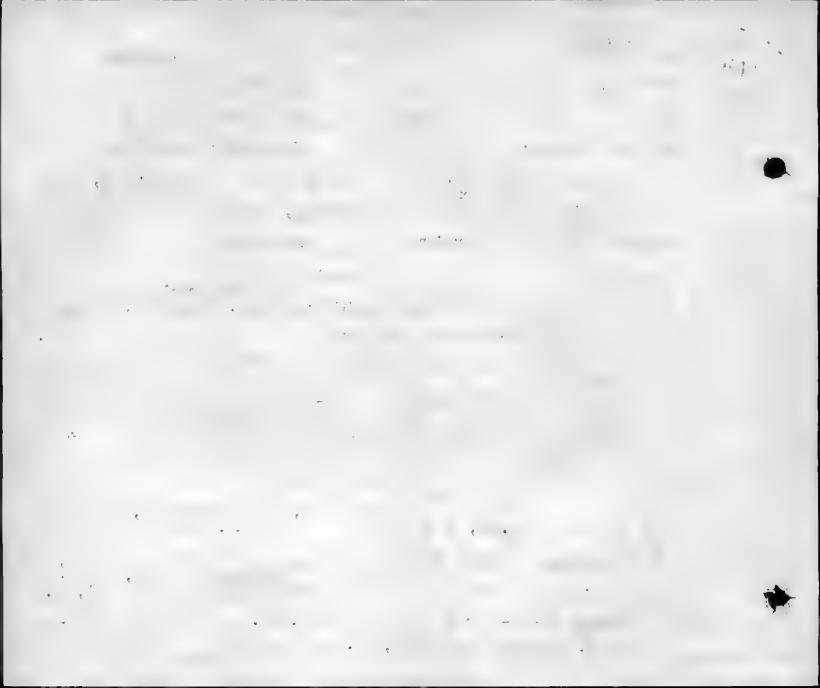
(County)

Certhan S. Tirous

258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

0 VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, If institutions Residence before edmission) COUNTY b. COUNTY a. STATE MARYLAND Abrillani 1111 (1 (1) b. CITY OR TOWN (if outs de corporata limits, by the c. LENGTH OF STAY IN 16 c. CITY ORITOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give neerest town? C akami 1 11 /4 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 2 1 1 F + 5 11 . 1) 3. NAME OF Middla DECEASED OF DEATH / 112/ 1-(Type or print) 19 / / COm carbon 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IE UNDER 24 HRS. 8. DATE OF BRITH 9. AGE (In years | IF UNDER 1 YEAR) and last birthday) Months Days Hours WIDOWED [DIVORCED Malle 10a LSUAL OCCUPATION (Giva kind of work remove 1Db KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? B.RTHPLACE (County & State, or foreign country) dona during most of working l.fa, even if retired) 4-124-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 15. WAS DECEASED/EVER IN L.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. (Yas, no, or unkown) (If yas giva war or datas of sarvica) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per-kna for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: NGESTIV MOS IMMEDIATE CAUSE (a) signed DUE TO Conditions, if any, which (b) has been gave rise to immediate causa DUE TO (a), stating the underlying causa last. certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? hosp.tal HRONCE NO 4 CERTIFIC 208. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part f or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH After this detached for the (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yaar factory, streat, office bldg., atc.) Hour a.m. While Not While at work et work DIRECTOR 0 V. 196 , that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... NOV 1961, and that death occured at 7MM, from the causes and on the date stated above. saw the deceased alive on.... 22a. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. page with t 22d. ADDRESS 22c PHYSICIAN'S NAME (Typa) 23a, BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR THE GR 23d. LOCATION (City, town or county) REMOVAL (Specify)
Burial Arlington Va , d Nov 6, 1961 Columbia Gardens 0 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) F. Gasch's Sons Chilur S. Hraus 15M 9/60 Hyattsville Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF 2. USUAL RESIDENCE (Where decresed I ved, if institution: Residence before edmission) a. COUNTY Page files. e. STATE **b.** COUNTY is necessary, Montgomery MARYLAND Oregon b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) funeral director. Z write RURAL and give neerest town) Your Portland Silver Spring d. STREET ADDRESS ò Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) delay 1723 N.B. 10th Avenue 709 So. Belgrade, Kemp Mill Estates State 3 NAME OF 4. DATE DECEASED Barnes November Edgar (Type or print) DEATH Give Pages 1, 2, and 3 ii orm PM3. Page 5 may b. File pages 1 and 2 winh event within 72 hour after 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months | Days Male White WIDOWED [DIVORCED July 25. 1890 12. CITIZEN OF WHAT COUNTRY? 10e. USLAL OCCUPAT ON (Give kind of work 105. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if relired) Illinois Merchant Own store Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Frenthrup Samuel Barnes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Verna E. Barnes Portland Oregon 10th Avenue permit. (Yes, no. or unkown) i (If yes give wer or detes of service) wiih None in pencil in hem This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] e along vill-fransit p PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (e) Office burial-f **DUE TO** removal, Conditions, if eny, which (b) "pending" geva rise to immediate cause Ю Examiner's **DUE TO** (e), steting the underlying 6 nsed on, PART II OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I'8 19. WAS AUTOPSY CERTIFICATION 2 cremali the word History of previous heart disease Medical pluo 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of item 18.) PRIMARY TO or CONTRIBUTING TO the Chief Me R: Page 3 sho rior to burial, CAUSE OF DEATH 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) sectory, street, office bldg., etc.) While Not While Hour a.m. et work et work D.III. execute the certificate, OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry XX 2 C Natural causes 173 should be forwarded FUNERAL DIRECT death resulted from: Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) FRANK J. BROSCHART Address (Street, city, Iown, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (City, town, or country) 220. BURJAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 40 8 TRANSIT-BURIAL 11/27/61 D. Riverview Cemetery Portland Oregon

248. REC'D BY REGISTRAR | 246. REG.STRAR'S SIGNATURE 23 FUNERAL DIRECTOR 8434 GEORGIA AVENUE VS. ATSME DATE NOV 2 2 '61 Carling S. Traces INC.

SILVER SPRING, MARYLAND

a. .S RESIDENCE

YES NOWY

19 61

Year

Hours

U.S.A.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NOXX

(State)

and in my opinion

DATE SIGNED

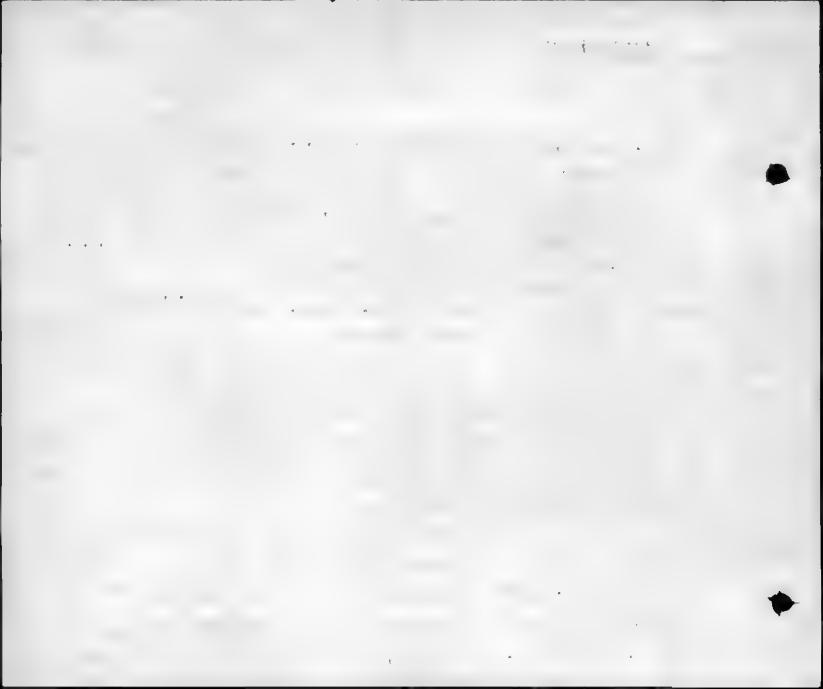
(Stelle)

11/21/61

Sudden

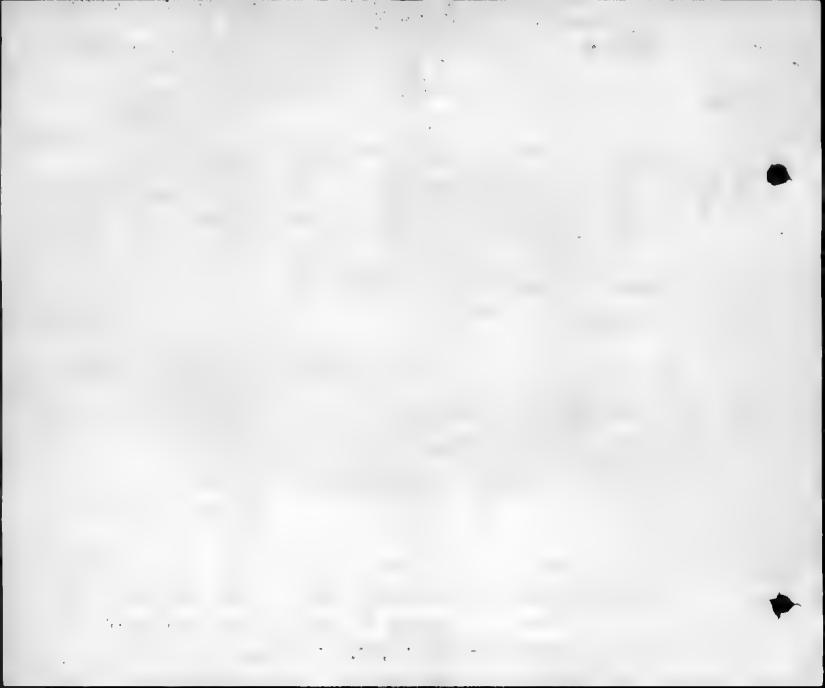
ON A FARM?

5M 7/59



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FUR-STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) / is new. director. Per voor files. Health, **a.** COUNTY a. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If obtside corporate limits, write RURAL and give negres) town) write RURAL and give agarest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar a. IS RESIDENCE jo ON A FARM? YES NO NO Middle Month Year DECEASED (Type or print) DEATH 19 h AGE (In years HF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED 3 may 2 with last birthday) Months WIDOWED DIVORCED age 5 n and 2 72 how 10a. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY (1) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired pages 14. MOTHER'S MAIDEN NAME PM3 permit. or unkown) i (lityasgive wat or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Judde and IMMEDIATE CAUSE (a) rö **DUE TO** pino gave rise to immediate cause DUE TO (a), steting the underlying 80 nsed ild be used remation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9): 19. WAS AUTOPSY PERFORMED? NO W 20b. DESCRIBE HOW INJURY OCCURED, [Enler neture of injury In Part I or Pert II of item 18.] 20a, EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stola) Φ the Page fectory, street, office bldg., etc.) While Not While at work at work Inspection 📉 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry 🔽 and in my opinion Ö forwarded I Undetermined manner death resulted from: Natural causes Accident Suicide Homicida CHIEF MEDICAL EXAMINER designafed ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for execut Address (Street, city town, or county) 22b. DATE THEREOF REMOVAL (Specify) 240 g Darnestown ChurchCemetery Darnestown, Montg., Maryland Burial 11/26/61 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 1331 E Montg Rockville, Md. VS. A15ME Tyson Wheeler Funeral Home-Circlian & France 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Rasidence before edinission) a. COUNTY files. Health, a. STATE b. COUNTY MARYLAND CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL and give genrest town) writerRURAL and give negrest town) Board a. IS RESIDENCE for ON A FARM? retained I YES NO 3. NAME OF DECEASED OF (Typa or print) DEATH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF 7. MARRIED T NEVER MARRIED last birthday) Months | Deys Hours I Min. WIDOWED DIVORCED and 2 10s. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? 956 done during most of working life, even if refired) Heurich Brewery pages 1 within 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME VER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Unknown Address (Yas, no, or unkowij) (Ilyas giva war or dates of service) 18. CRUSE OF DEATH (Enter only one cause per line for (a)/ib), and ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Zellole DUE TO burial. Conditions, if any, which (b) gava rise to immediate cause (a), stating the undarlying Sign nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0) 19. WAS AUTOPSY PERFORMED? 3 NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO Port H of item 18.) should CAUSE OF DEATH. (n) | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (Steta) 900 factory, street, office bldg., atc.) Not While Hour am Whia at work et work Inquiry M. and in my opinion 0 forwarded t death resulted from Natural causes 📈. Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER 🔀 Should FUNE Address (Streat, city, lown, or county) 220. BUR AL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 9 Arlington National Cemetery Arlington Virginia
24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE A. ZISKO . 8434 GEORGIA AVENUE VS. A15ME PUMPHREY INC. SILVER SPRING, MARYL AND DAR OV 21 '61 Cuina & tuna 5M 9 60



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF D 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution, Residence before admission) a. COUNTY director, Page or your files, Health, e. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 6 for your d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give streat eddress) Boar ON A FARM? State | YES NO 🔽 Middla DECEASED (Typa or print) DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. MARRIED INEVER MARRIED last birthday) Months Hours Days WIDOWED # DIVORCED ice. USUAL OCCUPATION (G ve kind of work done during most of working life, evan it refired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page 1 pages i P.M.3. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) (Uryas diverge) of dayles of applica) 16. SOCIAL SECURITY NO. L 17. INFORMANT h, serve is. CAUSE OF DEATH [Enter only one cause per line for (s), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office **DUE TO** Conditions, if any, which (b) gave rise to immediate cause Examiner's **DUE TO** (a), stating the undarlying 92 used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0.) 19, WAS AUTOPSY CERTIFICATION 2 PERFORMED? execute the certificate, writing the word NO pluods 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Part I or Part II of Dam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. co. Month, Day, Yaar 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, : 20f. (City or town) (County) (Stata) fectory, street, offica bldg., atc.) Whila Not While Hour e.m. at work at work prior DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 📝 Inquiry X and in my opinion death resulted from: Natural causes X. Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER MSC bant Address (Street, city town, or county) 22a, BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CONSTRUCT 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify)

Burial 240 g 11/6/61 Whitfield Church Lanham, Md. 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISMIN Francis Gasch's Sons Hyattsville, Md. DATE NOV 6 arthur & King

MARYLAND STATE DEPARTMENT OF HEALTH



funeral within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 24 hours down. Page 4 may be retained by the hospital or attending physician.

TO CONERAL DIRECTO: After this certificate has been signed by the attending physician and completely filled in by the director, mage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the liste Dept. of Health prior to burial, creminon, or reminor, and any event, within 72 hours after depth.

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HE	ALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

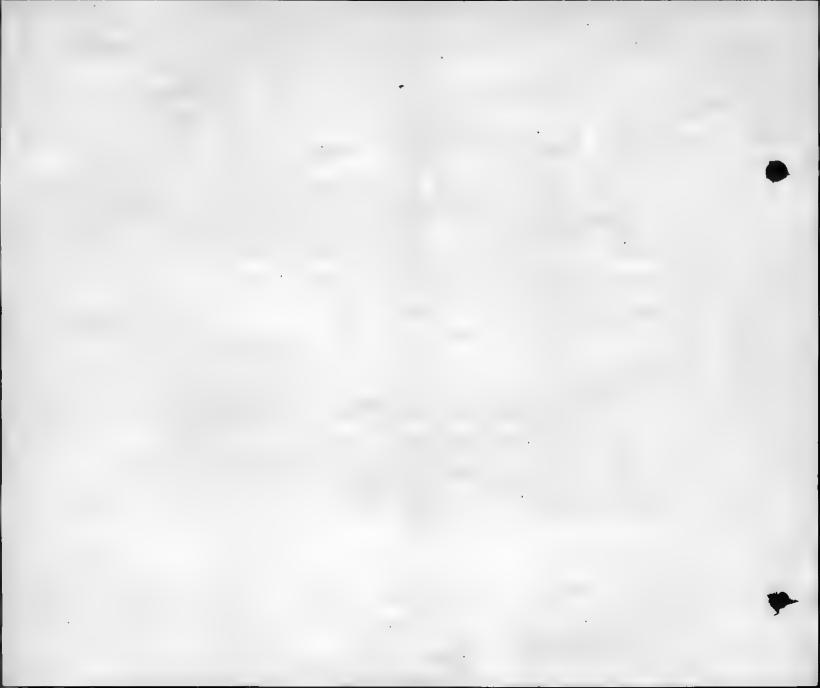
1274

	£ ())						
1. PLACE OF DEATE			2. USUAL RESIDE	NCE (Where decease		Residence bef	ore edmission)
MONTGOMER	Y	MARYLAND	MARYLAND		MONT GOME	RY	
b. CITY OR TOWN (I write RURAL end	if outside corporata limits, I give nearest town)	c. LENGTH OF STAY IN 16		(If outside corporate			1 town)
OLNEY		5 weeks	X BROOKEVI	LLE			
d. NAME OF HOSPIT	TAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS				IS RESIDENCE
MONTCOMED	Y GENERAL HOSPI	T 0 1				1	ON A FARM?
3. NAME OF	First First	Middle	Last	4. DATE	Month	Day	Yest Wi
DECEASED [Type or print]		, magio	F.D.31		MOTAII	04,	100
	CHARLES	EDWARD	BENSON	DEATH	11	22	19 61
5. SEX	6. COLOR OR RACE 7. MARE	UED HEYER MARRIED 8	DATE OF BIRTH	9 AGI	(in years If JNDE birthday) Months		and the same
MALE	WHITE WOOV	VED TO DIVORCED	12/8/67	93	Aug Woutur	Days Nou	irs wir.
10a. USUAL OCCUPAT	ION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BRT HPLACE (Co.	unty & State, or loreig	n country) 12. C	ITIZEN OF WH	AT COUNTRY?
D.	rking life, even if retired)	farmer	Managana				
13. FATHER'S NAME	\	Jumes	MARYLAND 14. MOTHER'S MAIDER		Ĺ	.S.A.	
100 11111111111111111111111111111111111			H. MOTHER 3 MAIDE	4 (40)///			
JAMES BEN			MARY ALL	NUTT			
	ER IN U.S. ARMED FORCES? 16	6. SOCIAL SECURITY NO. 17, 1	NFORMANT		Address		
		-11 	HOSPITAL	RECORDS			
18. CAUSE OF D	EATH [Enter only one cause pe	r line for (a), (b), and (c).					L BETWEEN
PART I. DEAT	H WAS CAUSED BY	Para Arma J	and 1.	.0		ONSET A	ND DEATH
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4221	DUE TO	0 . 0 /		ivarcule		1	
Conditions, il any		atteriorclerol	ic Caroli	wascule	n Illiana	40	
gave rise to immedi (a), stating the u	0.115.70						
cause last.	lel						
Z PART II, OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	NAL DISEASE COND	ITION GIVEN IN PA	RT 1(a), 19. W	AS AUTOPSY
PART II, OTHER	m. h. ne	1 1 1 2 2 2 2		0 (.	. 4 0	PI	ERFORMED?
D 20- ACCURENT W	uman	es may	now e	scon t	1400 carer	noma"	_ № ₩_
E OR CONTRIBUTING	CAUSE OF DEATH	ESCRIBE HOW HIJRY OCCURED	, (Enter nature of Philury II	Lead I of Late II of Le	im rs ;	7	
	MEDICAL EXAMINER						
YOUR HOUR S.M.			CE OF INJURY (Home, fai		wn) (C	ounly)	(State)
Hour a.m.	Wh 10 at w	ile Not While fact	ory, street, office bldg., et	ic.)			
	.,		10/11/2	10 / 1	11/00 .	0 / 1)	0 5 4 1 1
1 1		inded the deceased from		19. 61 , to	1) that (م)9	
saw the deceas	sed alive on	U19. 4, and that	death occured at	9A.M, from the	causes and on	the date st	
22a SIGNATURE	16/(1/1/)	L' (M)	ATTENDING	MED ST	AFF		226. DATE SIGNED
	AIT VVI	DULL MILL	PHYS.		YS,	11-2	2-61
22c PHYS-CIAN'S		7	P2d, ADDRESS		_		
NAME (Type)	J.P. MARTIN	M.D.	MEDICA	L CENTER	SANDY S	PRING.	MARYLAN
230 BURIAL CREMATI	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY			(City, fown or cou	*	(State)
REMOVAL (Specify)							(010.0)
Burial	11-25-61	Salem Cemete			keville, A		_
24 FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	24 -	NOV 2 9 61	25b. REGISTRAR'		
frances 1	L. Barber	Laytons ville,	DATE	IVI A U VI	1	c. / Haus	
						the same of the same of	



W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) is nec. Ves. vour files. a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporale limits, while RURAL and give follows town) LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mils, write RURAL and give neerest town) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) jo Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Z 3. NAME OF DATE DECEASED OF (Type or print) DEATH 194 COLOR OR RACE 7. MARITED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. 2 Will last birthday) Months WIDOWED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if rettred) dent pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS JECEASED EVER IN U.S. AMID FORCES?
(Yes, no. or unkown) | (Ifyesg'vewa ordetes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, I ony, which geva rise lo immediale cause DUE TO (a), stating the underlying cause lest. nsed accelle cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1. 91, 19, WAS AUTOPSY 28 PERFORMED? NO CERTIFICA 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING plnous 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Pert I or Pert II of Item 18.) Year | 200 INJURY OCCURRED | 200, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dey, Year 20f. (City or lown) (Stata) factory, street, office bldg., etc.) While Not While prior al work et work OB 21 I certify that I took charge of the remains described above, held an Autopsy 📈 Inspection and in my opinion death resulted from. Natural causes Accident K. Suicide Homicide Undetermined manner DIRE(CHIEF MEDICAL EXAMINER designated ACTUAL. should be for FUNERAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, c'ty, town or county) shoul 22d. LOCATION (City, lown, or country) 0 Eirthur S. Haur

YLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 12755Reg. Dist. No. 2 if director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) e. COUNTY o. STATE 6. COUNTY MARYLAND ontgomery Montgomery the funeral should be fil b. CITY OR TOWN [If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Chevy Chase Chevy Chase, Md.
d. NAME OF HOSPITAL (If not in hospital, give street address) A STREET ADDRESS e. 15 RESIDENCE or Institution 23 Fratton St. 123 Grafton St. YES NO 1 NAME OF 4. DATE First Middle Lost Month Year DECEASED OF DEATH Nov. C. MAY RIRD (Type or print) 1901 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (in years last birthdoy) Months Days Hours WIDOWED IT DIVORCED | March 21.1868 Female 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Pa. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John A. Clarke Martha Dillinger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT 123 Grafton St., Chevy Chase Md. Miss Elizabeth Rird. None 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH ARTERIOSCLERATIC CARDIDUASCULAR PART I. DEATH WAS CAUSED BY: DUE TO D15-84-58 Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse fost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES TO NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or lown) factory, street, office bldg., etc.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year (County) (Stole) Hour o. m While Not while of work of work 21. I certify that I attended the deceased fram.____ , 19.4/___, and that death occurred at H: 40 A.M., from the causes and on the date stated above. DATE SIGNED MD. 3848 PORTER St. NWWash E. DeLAWter M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Nov - 25, 1961 Fort Lincoln Cemetery Bladensburg Rd. Md Gremation 10 23. FUNEBAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR LANOV 2 7 61. Chilling & Krous

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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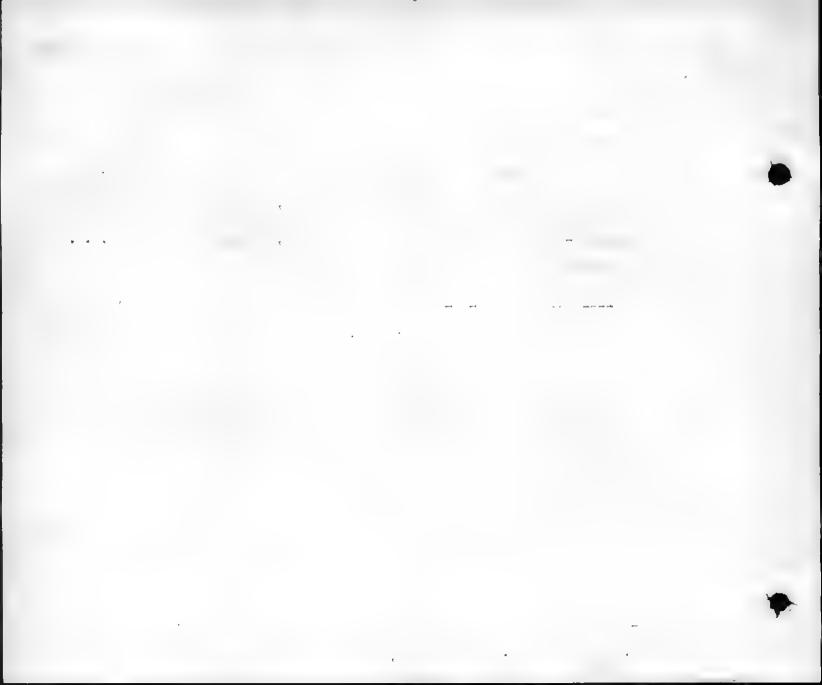
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH 2757 Reg. Dist. No. 4 314 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission a. COUNTY Pelit. b. COUNTY MARYLAND Montgomery funeral in Id be fi after death. CITY ON TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown) RURAL and give nearest town) Sensinaton d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d STREET ADDRESS e IS RESIDENCE ON A FARM? 3204 YES | NO. TO 2 NAME OF Middle 4. DATE Month Lost Day Year DECEASED DEATH 19 61 (Type or print) Jackburn 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED 5. SEX COLOR OR RACE Months Days Hours October 10, 1887 WIDOWED TX X DIVORCED | 12, CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) U.S.A. Danville, Alabama Shovel Operator-Retired Coal Mines 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Blackburn Isabelle Doss physicii 72 hours INFORMANT Address 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO Pyatt Funeral Home, Pinckneyville, Illinois attending <u>342-05-7687</u> edse within INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gned gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THOTERS IN ALDISEASE CONDITION G VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO burial 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark p. m 21. I certify that I attended/the deceased fram that I last saw the deceased alive an and that death occurred at... A.M., fram'the causes and an the date stated above DIRECTOR: ADDRESS (Street, city or lown ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City, lawn, ar county) (State) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Transit-Burial 11/9/61 Sunset Memorial Cemetery Duwoin 24b REGISTRAR'S SIGNATURE /S/CODDRESS 24g, REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE Georgia Avenue arthur S. Krue VS A15 (4) DATENOV Silver Spring, Maryland 15M 9/58



AARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where decressed lived, If institution, Residence before admiss on) Montgomery **b.** COUNTY STATE MARYLAND Maryland c. CITY OR TOWN (If outside corporate I mits, write RURAL and give neerest fown) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) 11 days Gaithersburg, Md. Olnev d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not on hospite, give street address) 205 Oakmont Avenue Montgomery General Hospital 3. NAME OF DATE DECEASED OF 1.1. Roughard DEATH (Typa or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH birthday) Months white female WIDOWED T DIVORCED | 12. CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) Iowa 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME KYKEdward Hetzel Alice Belle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrace [Yas, no, or unkown] . [[fyas givawaror datasofsarvice] 265-03-2319-B Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Chronic nephorselerosi Conditions, if any, which ' gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. DTHER SIGNLY CANT COND. TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. TION GIVEN IN PART II.) 19. WAS ALTOPSY Chronic Angelonghutt Conjectin Front failer all 2006. DESCRIBE HOW IN. LRYDCCURED. (Enter nature of injury of Part I or Part IV of item 18.)

OR CONTRIBUTING [] CAUSE OF DEATH

IF EITHER, NOTIFY MEDICAL EXAMINER] cirelovas culto acide 20d. NJURY OCCURRED | 20s. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar factory, streat, office bldg., etc.) Not While While Hour a.m. at work at work 26 , 1961, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from the state of the 19.61, and that death occured and M, from the causes and on the date stated above. saw the deceased alive on... 22a, SIGNATURE STAFF DIRECTOR 22d. ADDRESS 22c. PHYSICIAN 5 NAME (Typa) F. Meadors Damascus, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREOF 23a. BUR AL, CREMATION,

Arlington National

Montgomery

26

USA

(County)

Circling & House

Arlington, Virginia 250 REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE

DATENOV 2 9 '61

. IS RESIDENCE

YES NO

1961

F JNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO X

(Stata)

ON A FARM?

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REMOVAL (Spacify)

11/29/61

Pockville, Maryland

Tysonal wheeler's Funeral Home-1331 E. Montg. Ave.

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W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Resignation and mission I. PLACE OF DEATH a. COUNTY b. COUNTY Mont gomery

b. CITY OR TOWN (if outside corporeta limits, Florida MARYLAND c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town write RURAL end giva nearest lown) 31 days Deland Bethesda d NAME OF HOSPITAL OR INSTITUTION ('Final in hospital, give street address) d STREET ADDRESS hl5 Clara Avenue The Clinical Center, Bethesda 14, Md. 3. NAME OF Month DECEASED OF (Type or print) Amie DEATH Susan Branch November ů carbon 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER I YEAR lest birthdey) Months ! Female D.VORCED WIDOWED [August 20, 1895 10a. USJAL OCCUPATION (Give kind of work 1 tob. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stelle or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife None Georgia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please George Clements Martha Gibbs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ; 16. SOCIAL SECURITY NO 17. INFORMANTThe Medical Records (Yes, no, or unkown) (fyesgivewerordetesofservice) The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cardiovasqular collapse tending physic been signed b IMMEDIATE CAUSE (e) DUE TO Acute Myocardial Infarction h days gave risa lo immediale causa DUE TO (a), sletting the underlying E. Coli Septicemia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) Epidermoid Carcinoma of Vagina prior 206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIF EDICAL Affer 20e, PLACE OF INJURY (Home, farm, 20f (City or town) 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED (County) factory, street, office bldg., etc While Not While el work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from October 2 19 61 to November 2, 19 61, that (I) (we) last 1961 ..., and that death occured al2:55PHom the causes and on the date stated above. saw the deceased alive on November 2 ATTENDING PHY5. DIRECTOR PHYS. 22d. ADDRESS The Clinical Center, National 22c. PHYSICIAN'S NAME (Type) J. Kent Trinkle. M.D. Institutes of Health, Bethesda lu. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF directe be file Bur-Transit Volusia County, Florida Oakdale Cemetery O 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey, Bethesda, Maryland

IS RES DENCE

ON A FARM?

YES NO TE

19 61

F UNDER 24 HRS.

Hours

hours

WAS AUTOPSY PERFORMED?

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(Stete)

22b. DATE

(State)

Orthur S. Kraus

SIGNED

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, H Institution, Residence before edmission) . COUNTY b. COUNTY Montgomery Maryland Montgome ry MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town ed in lages 1 Kensington Kensington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? 11209 Upton Drive 11209 Upton Drive YES NON 3. NAME OF Middle DATE Day Year DECEASED OF BREEDEN B. JAMES (Type or print) DEATH Nov. 61 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF JNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) White Hours Male Mar. 1889 WIDOWED F DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1.12. CIT-ZEN OF WHAT COUNTRY? done during most of working his, even if retirad) Virginia U.S. Fireman - Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. ENFORMANT WIFE Address (Yas, no, or unkown) | (Ifyesgivewarordetesofservice) Same as Item 2. Mamie L. Breeden 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CHRONIC MYOCARDITIS MONTHS IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLEROTIC HEART DISEASE YEARS geve rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? NO X CERTIFICA CARCINOMA OF PROSTATE WITH METASTASIS TO LUNGS AND BRAIN 200. ACCIDENT WAS JNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work et work [196 / that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on... SIGNATURE 22b. DATE SIGNED ATTENDING MED. PHYS. DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) JACK SCHUMACHER. M.D. GALTHERSBURG. MARYLAND 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Parklawn Cemetery Rockville, Maryland Burial 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

Bethesda, Md.

DATENOV 3 0 '61

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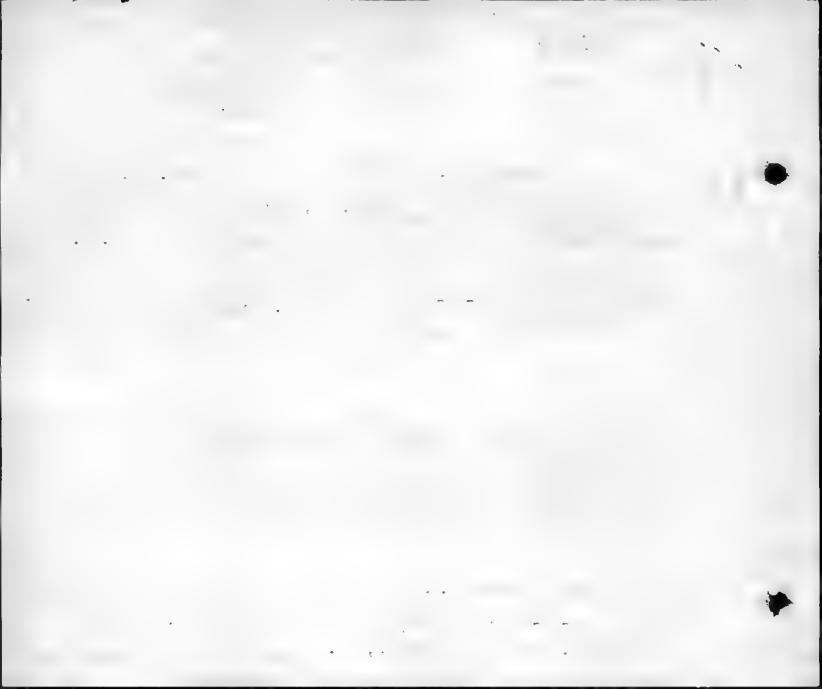
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STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY Montgomery Montgomery MARYLAND b, CITY OR TOWN (if outside corporate limits, CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 16 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address ON A FARM? YES NO X Washington Sanitarium & Hospital 3. NAME OF BATE Middle DECEASED OF DEATH (Type or print) 19 XXXXXXXXX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) Months WIDOWED IN DIVORCED VIS. Emale 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) House wite Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT [Yes, no, or unkown] [[Ifyes give wer or dates of service] 1220-34-8061 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED, (Enter netural of injury in Pert I or Pert II of Item 18.) 20e, ACCIDENT WAS UNDERLYING L OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour e.m. While et work at work 1961, to 100. 21 1961, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from C 19.61, and that death occured at 1.28 saw the deceased alive on Mo from the causes and on the date stated above. ATTENDING 22b DATE SIGNATURE SIGNED DIRECTOR PHYS. 1961 PHYSICIAN'S 22d. ADDRESS 23a, BURIAL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, fown or county)

Glenwood Cemetery

8434 GÉURGIA AVENUE

E. PUMPHREY, INC. SILVER SPRING, MARYLAND DATE NOV 2 4 '61

Washington D.C.

25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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director, i 0 VR A15 (4) 1EM 9/60

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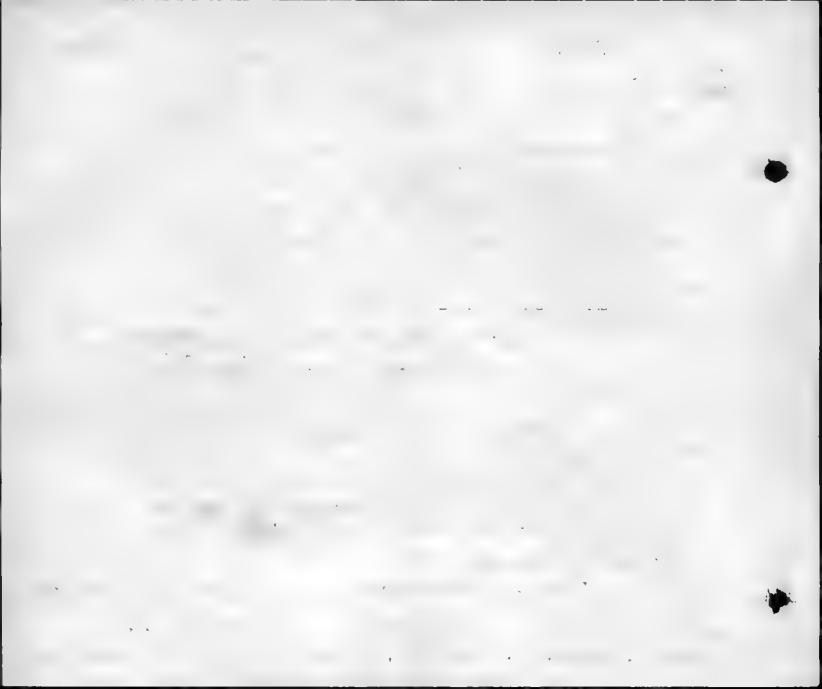
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY **b.** COUNTY WASHINGTON, D. C. by the and 2 death. MONTGOMERY MARYLAND c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) þ E - 5 WASHINGTON .. D. C. WHEATON 3 MOS. filled d. STREET ADDRESS d. MAME STATE OF INSTITUTION OF POLICE AVENUE WHEATON NURSING HOME IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DATE 61 DECEASED OF DEATH (Type or print) 19 GEORGE HAY BROWN 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH lest birthdey and Months Days Hours MALE WIDOWED [any ever 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) AMR. SALESMAN SALES SUMMERVILLE. ILL. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE HAY BROWN ELIZABETH SACCASKT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewarordetesofservice) Records at Nursing Home -- Same NO 18. CAUSE OF DEATH (Enter only one causa per line for (a), (b) and (c).) INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: physi MMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY ® ₩ PERFORMED? NO · 20b. DESCRIBE HOW NJURY OCCURED (Enter netura of in ury in Pert I or Part II of fem 18.) 200. ACCIDENT WAS LNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20t (City or town) (County) 20c TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While Hour e.m. at work al work DIRECTOR: 21 ..., 19 61, that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from. ..., and that death occured at J. M., from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 207116 FUNERAL 22d, ADDRESS 22c. PHYSICIAN'S C. Thompson NAME (Type) Thomas 2032 16th St. . N. W. ector, 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 053 Buria Congressional Cometery Washington, D. C.
ADDRESS Wash. DC 250. REC'D BY REG STRAR 256 REGISTRAR'S SIGN 25a. REC'D BY REG STRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] The S.H. Hines Co. - 2901 14th St. N.W. DATE NOV 2 4 '61 arthur S. Hraus 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	D. COUNTY TO COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institut on Residence before admission) Maryland Montgomery
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
,	d. NAME OF HOSPITAL (IF hat in haspital, give street address) OR INSTITUTION E. J. J. M. F. F. D. L. T. A. C. N. S.	d. STREET ADDRESS 5 Magnolia Parkway 6. IS RESIDENCE ON A FARM? YES □ NO ■
6	3. NAME OF DECEASED (Type or print) MARY ROSS YOUNG	2 BROWN 4. DATE Month Day Year OF DEATH 7 196/
	S. SEX. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED C	DATE OF BIRTH 9. AGE (In years left under 1 YEAR IF UNDER 24 HRS. left birthday) 5. 15.76 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min Months Days Months Months
	10a. USUAL OCCUPATION (Give kind of work done during mou of working life, even if retired) HOUSEWITE	Washington, D. C. U. S.
	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	DK FRODY Joung	1 11) 17 1 6 7 7
力		NFORMANI / Address Dispital records Same as Item #1
	100	
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONGESTIVE	HEART FAILURE ONSET AND DEATH
	Conditions if any which) the ARTERIOSCLEA	POTIC HEART DISEASE
	gave rise to immediate (
	lying cause lost (c) CEREBRAL	THROMBOSIS - MULT. SMALL
		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
		YES NO T
···· }	206 ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	Hour a. m 19 While Not while	ACE OF INJURY (Hame, farm, 20f. (City or Iown) (County) (State actory, street, office bldg., etc.)
		DIA 73 20/1 - 1/A 11 20/1 H-11/10 - 21
	21. I certify that (1) (this haspital) attended the deceased fram.	death accurred of 3.75 M from the causes and an the date stated above
	220 SIGNATURE	22b DATE
1	Kobert J. Short column har	M.D. PHYS DIRECTOR PHYS NOV 11-61
/	NAME (TO BERT T. THIBADEAU	10609 GNCORD ST. HENSINGTON, 14
	230 BUR.AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	DR CREMATORY 23d LOCATION (City, town, or county) (Stote)
	Cremation 11-13-61 Cedar Hid	L Crematory Prince George Co., Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	ROBERT A. PUMPHREY Bethesda,	Md. DATENOV 1 4 '61 Chilling S. France

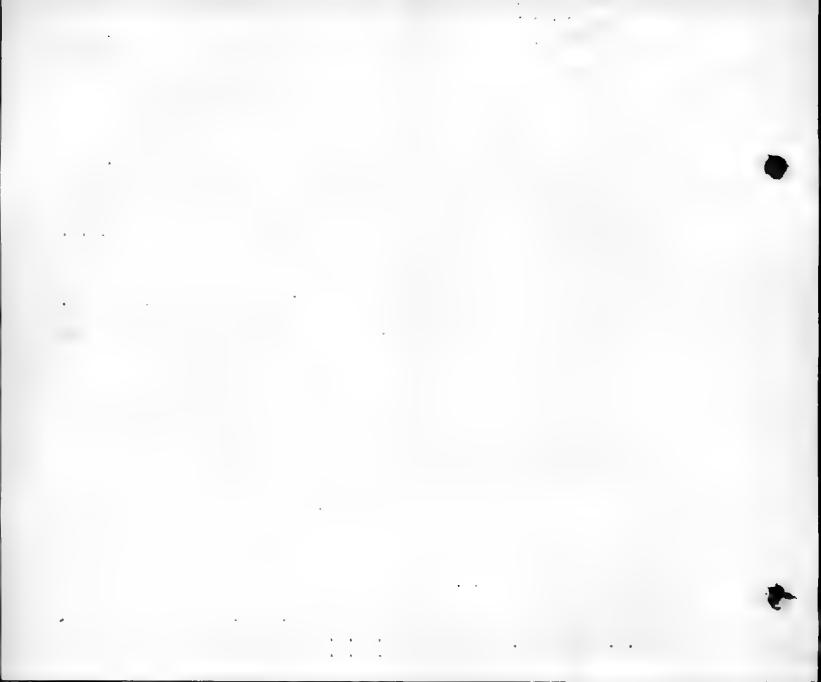
in with views formed there is

aurs after death. Page

executed within

physician.

by the



DIVISION OF STA within 24 hours after 1. PLACE OF DEAT e. COUNTY 表 27 Montge by th 772 hours after death b. CITY OR TOWN (if outside con write RURAL and give neerest filled in Pages 1 Bethesda (Rura d. NAME OF HOSPITAL OR INST U. S. Naval retoly ! carbon papers. DECEASED (Type or print) physician and co ¥. S. SEX 6. COLOR The law requires that the death certificate be in any event, Male Cauc Then please remove 10a USUAL OCCUPATION (Give ki done during most of working life, ey Retired Naval Of 13. FATHER'S NAME Plage 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending ector, page 3 should be detached for use as the burial-transit permit. Then please filed with the State Dept. of Health prior to burial, cremation, or removal, and in Robert Stephen B IS. WAS DECEASED EVER IN U.S. A (Yes, no, or unkown) | (Hyesgivewere WW II. 18. CAUSE OF DEATH |Ente PART I, DEATH WAS CAU geve rise to immediate causa (a), stating the underlying PART IL OTHER SIGNIFICAN CERTIFICATION 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, While Not While Hour a.m. at work | af work 22c. PHYSICIAN S NAME (Type MILOR JR. CAPTAIN MC USN 238. BURIAL, CREMATION 236 DATE THEREOF REMOVAL (Specify)
Burial Nov 1961 OH H R.A. Pumphrey, Bothesda, Md. ADDRESS

		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission. STATE b. COUNTY
omery	MARYLAND	Texas
orate limits, town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
al)	18 days	Brownsville
TUTION (if not in I	hospital, give street address)	d, STREET ADDRESS o. IS RESIDENCE ON A FARM
Hospital		Qtr. 169, Ft. Brown YES NOK
First	Middle	Last 4. DATE Month Day Yeer
Robert	Stephen	Burpo Jr. DEATH November 17, 1961
OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
sian wipo		June 1, 1915 46 yrs. Months Days Hours Min.
d of work 10b		RY 11. BRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTR
d of work 10b		
id of work 10b	KIND OF BUSINESS OR INDUST	RY 11. BRTHPLACE (County & Stete or foreign country) 12. CITIZEN OF WHAT COUNTR
d of work 10b	KIND OF BUSINESS OR INDUST	RY II. BRTHPLACE (County & Stote or foreign country) Massachusetts 14. MOTHER'S MAIDEN NAME
d of work 10b rid retired 10cer 10ce	KIND OF BUSINESS OR INDUST	RY II. BRTHPLACE (County & Store or foreign country) Massachusetts
d of work in direction of the control of the contro	KIND OF BUSINESS OR INDUSTI Teacher 6. SOCIAL SECURITY NO. 17.	RY II. BRTHPLACE (County & Store or foreign country) Massachusetts 14. MOTHER'S MAIDEN NAME Louise B. Carr INFORMANT Address
id of work on it retired) Ficer TPO MED FORCES? or deles of service) Korea	KIND OF BUSINESS OR INDUSTI Teacher 6. SOCIAL SECURITY NO. 17.	RY II. BRITHPLACE (County & Store or foreign country) Massachusetts
id of work in if retired) Ficer TPO MAED FORCES? or deles of service) Korea only one cause pi	Teacher 6. SOCIAL SECURITY NO. 17. 034 07 7311 WI 10 1 Hine for (e) (b), and (c).	Massachusetts 14. Mother's Maiden Name Louise B. Carr INFORMANT Address FE: Dorothy A. Burpo, Same as 1-2 Interval Between
id of work in il retired 10b FICET IPO MAED FORCES KOTEA only one cause pi SED BY: AUSE (e) ME	Teacher 6. SOCIAL SECURITY NO. 17. 034 07 7311 WI 10 1 Hine for (e) (b), and (c).	RY II. BRITHPLACE (County & Store or foreign country) Massachusetts
id of work in if retired) FICET MED FORCES? or deles of service) KOTEA only one cause pi SED BY. DUE TO	KIND OF BUSINESS OR INDUSTI Teacher 6. SOCIAL SECURITY NO. 17. 034 07 7311 WI TASTATC	Massachusetts Massachusetts Louise B. Carr INFORMANT Address LFE: Dorothy A. Burpo, Same as 12 Interval between onset and death CARCINOP.A. BRAIN 12. CITIZEN OF WHAT COUNTR USA 4. Moiner's Maiden Name Address INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
d of work in if retired 10b FICET TOO MED FORCES r deles of service KOTEA only one cause profile BY BY DUE TO	KIND OF BUSINESS OR INDUSTI Teacher 6. SOCIAL SECURITY NO. 17. 034 07 7311 WI TASTATC	Massachusetts 14. Mother's Maiden Name Louise B. Carr INFORMANT Address FE: Dorothy A. Burpo, Same as 1-2 Interval Between

20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert Is of item 18.)

21. I certify that XI) (this hospital) attended the deceased from October...31..., 19.61. toNuvember...17, 19.61, that XI) (we) last saw the deceased alive on. Nov.ember...17...19...61, and that death occured at.6:30A) from the causes and on the date stated above 22b. DATE

factory, street, office bldg., etc.)

ATTENDING

22d. ADDRESS U.S. Naval Hospital, Bethesda, Md

DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Arlington National Cemeterst Arlington, Vaa

25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cothur S. Times

PHYS.

20f. (City or town)

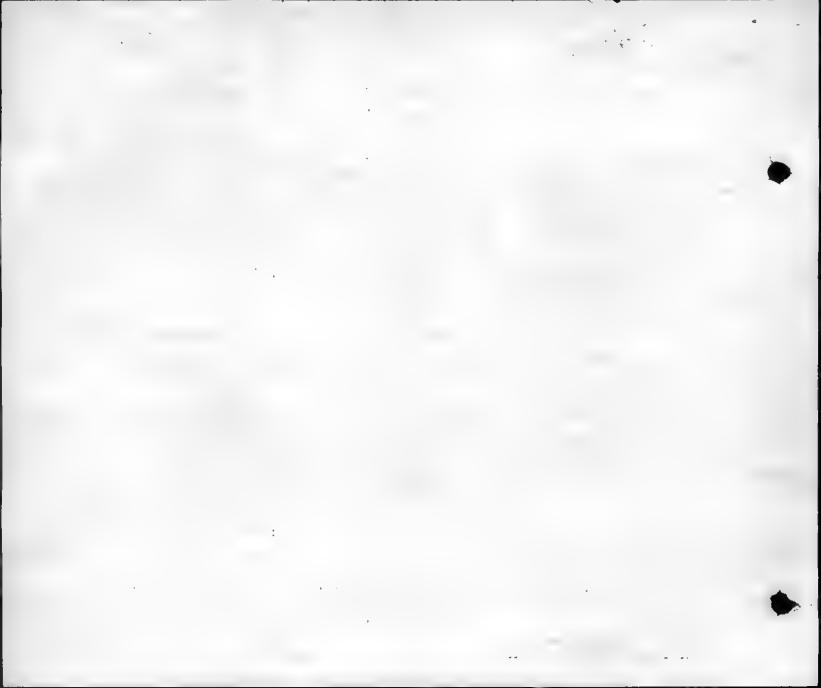
(County)

(State)

SIGNED

VR A15 [4]

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

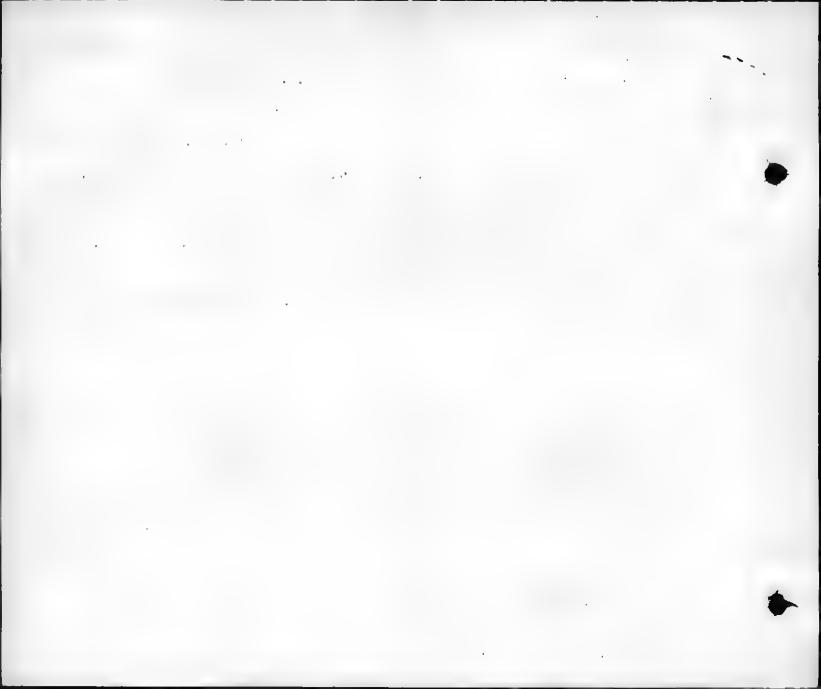
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L.						l	ALLEL
	I. PLACE OF DEATH d. COUNTY MOY	ntgomery	MARYLAN	o. STATE	NCE (Where deceased lived	d. If institution: Residence b. COUNTY	te before admission)
1	b. CITY OR TOWN RURAL and give r	(If outside corporate limits, wr earest town)	2	•	WN (If outside corporate l	imits, write RURAL and g	ive nearest town)
1	d. NAME OF HOSPI OR INSTITUTION	the sda TAL (If not in hospital, give st purban		d. STREET ADD	ashington DRESS 909 Ingomar	st. 47)	e. IS RESIDENCE ON A FARM? YES NO X
	B. NAME OF DECEASED (Type or print)	First William	Middle W.	Burrell	4. DATE OF DEATH	Month No vemb	Day Year er 6, 1961
1	s. sex Ma le		MARRIED NEVER MARRIED OWED DIVORCED	- / /-	la-	st birthdoy) Months	TYEAR IF UNDER 24 HRS Days Hours Min.
L	Re tired	rking life even if refired)	106. KIND OF BUSINESS OR IN Navy Archite	ct	Sunberry. Per		ZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME	ndrew Burre	11	14. MOTHER'S M.			
1	S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dotes of service)	101 00	7. INFORMANT Margaret	H. Burrell	Address -Wife-sam	e 2d
		ATH [Enter only one cause p ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (a), (b), and (c).] Renal 5 lint	lown	Cardxac	Julene.	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if a gove rise to cause (a), stating lying cause lost.	the under DUE TO				<u>l</u>	
	\$ 10	HER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH LUZ - (). DESCRIBE HOW INJURY OCCU	of oral ic	y Decodera	I user	1 1(o) 19 WAS AUTOPSY PERFORMED? YES NO 🔀
		G CAUSE OF DEATH					194
	20c. TIME OF INJU Hour o. m. p. m.	W	od, INJURY OCCURRED 20e hile Nat while wark of wark	foctory, street, office b	me, form, 20f. (City or to)Wh] (C	Caunty) (State)
١	21 I certify the	1//	ended the deceosed fro	/		/	that (i) (we) last dote stated above.
	220. SIGNATURE	Gr Ceth	Lusai		DIRECTOR P	IAFF HYS. □ 11	/6/61 226 DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	THE LAND OF	kinson		Eye St. N		h. D. C.
1	REMOVAL (Specify	11/9/61	23c NAME OF CEMETER Cedar Hill			(City, fown, or county) and, Maryl	and (State)
	Pohont		Bethesda. N	Conservation of the second	So. REC'D BY REGISTRAR	25b, REGISTRAR'S SIC	SNATURE
	Robert A	. Pumphrey,	Delliesua, I	Jai y Land D	PATE 201	100 - 9 40	

TO HOWNITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may stained by the hospital ar attending physician.

TO FUNCEAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or remaval, and in ony event, within 72 hours after death.

VR A15 (4) ISM 9/59



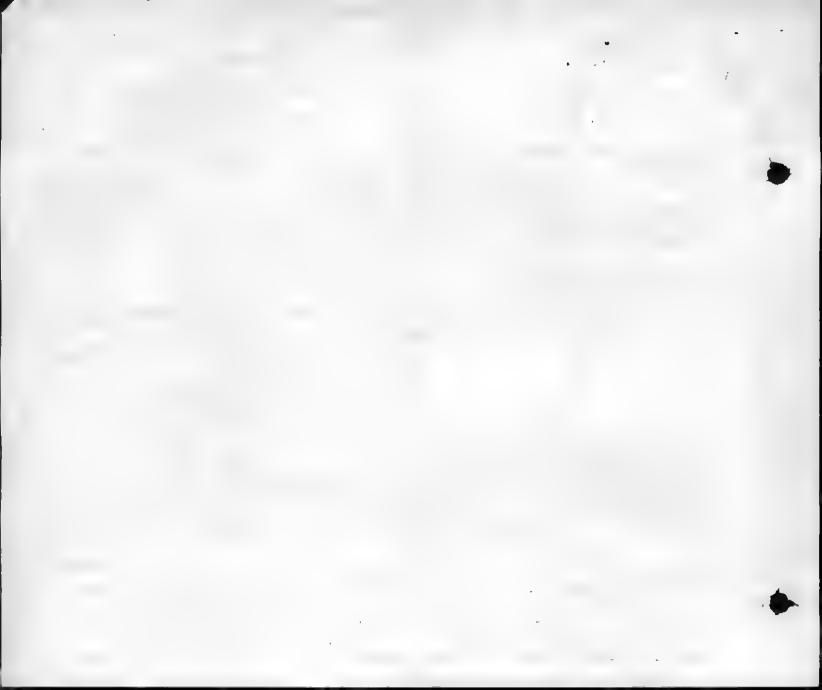
13	Items 20 & 1 Film 301 MARYLAND STATE DEPARTMENT OF HEALTH
EUD STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12767 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	Items 22.1.6 & d Film Gaw 11/13/01 16k 1.67.04
> 2	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 6. COUNTY 5. COUNTY
	Montgomery Maryland Md. Montgomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
8 5 5 5 5 X	write RURAL and give neerast town)
ard ard	Bethesda d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
y la	, ON A FARM?
rune inne state	8504 Rayburn Rd 8502 Rayburn Rd YES NO A
1 2 2/6 T	DECEASED (Type or print) Howard Raymond November 8 19 61
S S S S S S S S S S S S S S S S S S S	5. SEX [6. COLOR OR RACE] 7. MARRIED TO NEVER MARRIED TO 8.
de de vira	Male White W.DOWED DIVORCED 7/31/02 lest birthdey) Months Days Hours Min. 1
2,2,6 6.5,6 6.5 7 bind 2 hc	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Pag Pag s 1 a	Pharmicist Retired Falls Miver, Mass. U.S.A.
Page M3.	13. FATHER'S NAME
Silve Si Silve Silve Silve Silve Silve Si Silve Silve Silve Silve Silve Silve Silve Silve Silve Silve Silve Silve Silve Silve Silve Silve Silve Si Silve Silve Silve Silve Silve Silve Silve Silve Silve Silve Silve Silve Silve Silve Silve Silve Silve Silve Si Silve Si Silve Si Silve Si Si Silve Si Si Si Si Si Si Si Si Si Si Si Si Si	Clarence C. Campbell Margaret Stewart
Mith for for eve	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyasgivewerordelasofservica)
em e	? wife, Cornelia N. Campbell, Same #2
in ling in lin ling in	
ncil alo fran	PART I. DEATH WAS CAUSED BY: (A) Continue of the part
III E	Conditions, if eny, which) (b) Blunt trauma
Should be should	nur to
iner iner d as	(e), stating the underlying out to couse last. (c)
"per "per xam use ion,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB. ING TO LEAT BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
is ce ord all E be mat	YES 🔀 NO 🗍
H Night of	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part II or Part II of item 18.) PRIMARY or CONTRIBUTING
A Sh Marial	Assumed that he fell in his room at home
E SE	20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) Hour a.m. While Not White fectory, street, office bldg., atc.) P.m. 19 at work at work borne
XXA Ser Park	
1500	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection I. Inquiry I. and in my opinion
A Property	death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined manner X
The day	ACTUAL CASSISTANT MEDICAL EXAMINER DATE SIGNED
F IN	DEPITY MEDICAL EXAMINE TO 13/8/61
O D D D D D D D D D D D D D D D D D D D	NAME Grant Frank Brochart
Septemo V	226. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (\$1816,
0 2 4 0 /orke ma	remaylon 11/10/1961 Fort/Lincoln/Cremotory Prince/Georges, County, Md.
VS. ATSME	23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE
5M 7/59	The S. H. Hines Co Washington L. C. DATE NOV 10'61 Cuthur & Humas



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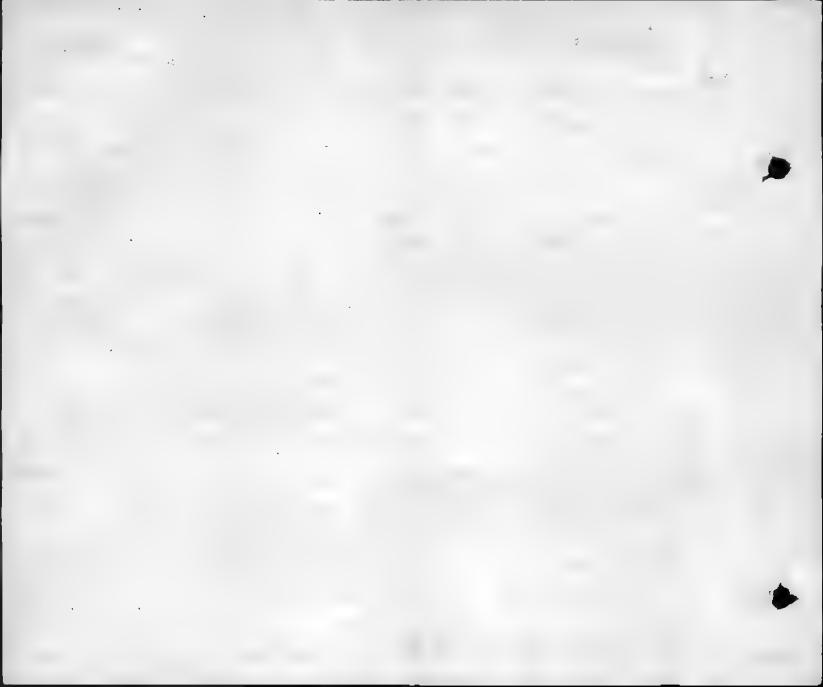
terment ; s ?

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decased I ved, If institution; Residence before admission) a. COUNTY a, STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate lim ts, c. LENGTH OF STAY IN 16 c. CITY, OR TOWN (If outside corporate limits, write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (if not in hosp to a. IS RESIDENCE ON A FARM? YES NO K ate 3. NAME OF DECEASED (Type or print) DEATH 19 4 AGE (In years IF UNDER 1 YEAR! JE UNDER 24 HRS 7. MARRIED TO NEVER MARRIED lest birthday) Monthal WIDOWED DIVORCED P P 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? furingsmost of working life, of an it retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 1 16. SOC.AL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) ((If yes giva war or dates of sarvica) 18. CAUSE OF DEATH (Entar only one cause par line for (e), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which (b) gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0) 19, WAS AUTOPSY PERFORMED? NO 🔽 20b. DESCRIBE HOW INJURY OCCURED. (Enter police of injury in Pert I of I am 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) ___Not Whila fectory, street, office bldg., atc.) While al work | al work | Inquiry Ki and in my opinion Natural causes . Undetermined manner death resulted from, Accident Surcide Homicide . DIREC CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE Address (Street, city, town, or county) (State) Q 40 p 24b. REC'D BY REGISTRAR I VS. A1SME 6 my S. Firmes

5M 9'60



ADDRESS

Gaithersburg.

24b. REGISTRAR'S SIGNATURE

Cuthun S. Hrauk

24g, REC'D BY REGISTRAR

DATE DEC 1

23 FUNERAL DIRECTOR'S SIGNATURE

Contrer.

urs after death.



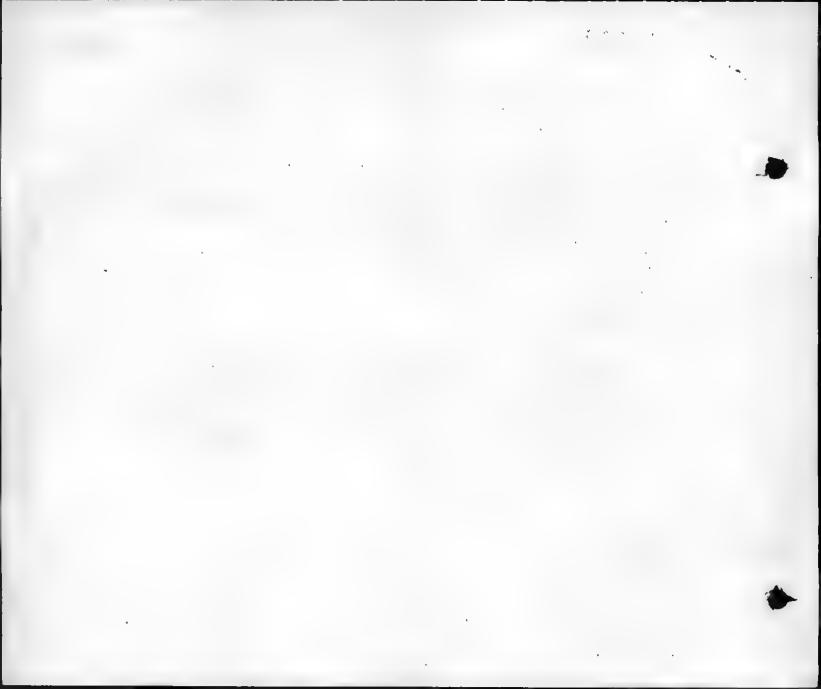
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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ı	1.2111 CERTIFICA	IL OI DEAIN	12758
ı	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution Res	dence before admusion)
ı	o. COUNTY MARYLAND	o. STATE 200 d. b. COUNTY 7	Tont.
	b CITY OR TOWN (If outside comporate limits, write RURAL and guesnearest/loyd)	c. CITY OR TOWN (If outside corporate limits, write RURAL of	and give nearest town)
ı	Tether da 5 ungs.	47 Bethe 5da.	
ı	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
ı	Juburban	300 L- Hampdon L	Time YES NO
1	3. NAME OF DECEASED Fig. Middle	Last / 4. DATE Month	Day Year
	(Type or print) Lula M. C.	nandfor DEATH Nov.	1/ 1961
ı	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (n years IFUN host highday) Mont	IDER 1 YEAR IF UNDER 24 HRS
İ	female white WIDOWED DIVORCED	7//an 12 1883 78 pm	TOOKS MIN.
	100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OF INDUS	TRY 11. BIRTOFPLACE (Stole or foreign country) 12	CITIZEN OF WHAT COUNTRY
1	Tatent extenines. Gout.	Lows	U. J.H
J	13 FATHERYNAMO CLOUDY TERCHER	14. MOTHER'S MAIDEN NAME	
	Hugust W. Melson	Cheristing of olen Is	re
1	15. WAS DECEMEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no. or uniform) (If yes give wor or dates of service)	IFORMANT Address	in At
	-ne no mo. L	ouise C/zile/ A	borne.
	TB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	2:0	INTERVAL BETWEEN
1	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Joulins	1 wesh
	260 X DUE TO	\sim 1/ \pm \wedge	4.204
	Conditions, if ony, which) (b) arterioscle	who Deal derene	10 years.
	gove rise to immediate couse (a), stating the under-	0.00-	11, 2000
	lying couse lost. (c) Clabel	- rece	10 7
	PAM II. OTHER'S GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN	PERFORMED?
	5 Joseph Joseph	carriery of	YES NO IP
	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	D. (Enter noture of injury in Port I or Port II of item 18.)	
		ACT OF INDIBA BARRES FOR ICA	(Park)
	Hour o. m. While Not while for	ACE OF INJURY (Home, Form, 20f. (City or town) thory, street, office bldg., etc.)	(County) (State)
	p. m 19 of work of work		
	21. I certify that (I) (this haspital) attended the deceased fram	i A D	
		leath occurred at ###M, from the causes and an	
Ì	220. SIGNATURE	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b DATE SIGNED
	22c PHYSICIANS NAME (Type) 111 H KILLAY MV.	22d. ADDRESS	w Buc
	00 11 //////		
	236 BURIAL, CREMATION, 236. DATE THEREOF BUTTAL 236 MAME OF CEMETERY O Clenwood C		
			s s GNATHPE
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey. Bethesda, Ma		S. S. Kraue
	Robert A. Idmbilley, bethesda, Ma	ryland DATHOV 14'61 arker.	d, / could



hours ofter death. Page 4 the ottending physicion and completely files by the funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with TO HOST TAL BE ATTRIBUNG PHYRICIAN: The low requires that the death certificate by executed within 24, may solved by the hospital or ottending physician. TO FUNEXAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fipage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59

12772

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

- 4	27	1	€3	ŧ.
	6.1	. 3	. 7	ž.

	1. PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission). a. STATE b. COUNTY
	b. CITY OR TOWN (if auts'de carporate limits, write RURAL and give nearest town) KENSINGTON	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) WASHINGTON. D. C. +7X
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION KENSINGTON GARDENS SANI.	oddress)	d. STREET ADDRESS 2320 HIGH STREET, S. B. o. IS RESIDENCE ON A FARM? YES \(\subseteq \text{NO.} \(\subseteq \)
	3. NAME OF DECEASED (Type or print) HELEN LOUISE	CHASE Middle	Last 4. DATE Manth Day Year OF DEATH NOVEMBER 5, 1961
	S SEX FEMALE 6 COLOR OR RACE 7 MAR WIDOW		B. DATE OF BIRTH NOV. 7, 1906 9 AGE (n years FUNDER 1 YEAR IF UNDER 24 HRS 1900
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES CLERK LANSBURGH DI		WASHINGTON, D. C. U. S. A.
	13. FATHER'S NAME AMBROSE L. CHASE		14. MOTHER'S MAIDEN NAME JULIA MILLER
}	(Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	Address SILVER SPRING, M. S. MARGUERITE C. DUVALL, 9201 SIIGO CREEK PKW
	5 S DUE TO	ne far (a), (b), and (c).] METASTATIC PARCINONA	
	101	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port I or Port II of item 18.)
	Hour a.m. While	f	ACE OF INJURY (Home, farm, 120f (City ar town) (County) (State)
	saw the deceased alive an	19 <u>61</u> , and that d	MAR. 19.61, to NOV 5 19.61, that (1) (wet) lost death accurred at 3130M, from the couses and on the date stated obave 22b. DATE SIGNED HYS. DIRECTOR DIRECTOR PHYS. 11/5/61
000	23d. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL NOV. 8 1961 FUNERAL DIRECTORY STANDING TO THE THEREOF REMOVAL (SPECIFIC PROPERTY OF THE P	CEDAR HILL CE	METERY SULTI AND MARYI AND 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

filled in by the funeral Pages I and 2 should within 24 hours after ours after death. TO HOW PITAL OR ATTENDING PHYSICIAN: The law requires the leath entificate by saved death of a may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pllysician and comdirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page 4 should be detached for use as the burial-transit permit. Then please remove carbon page 6 siste Dept. of Health prior to burial, cremation, or removal, and in any event, within

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

19773

CERTIFICATE OF DEATH

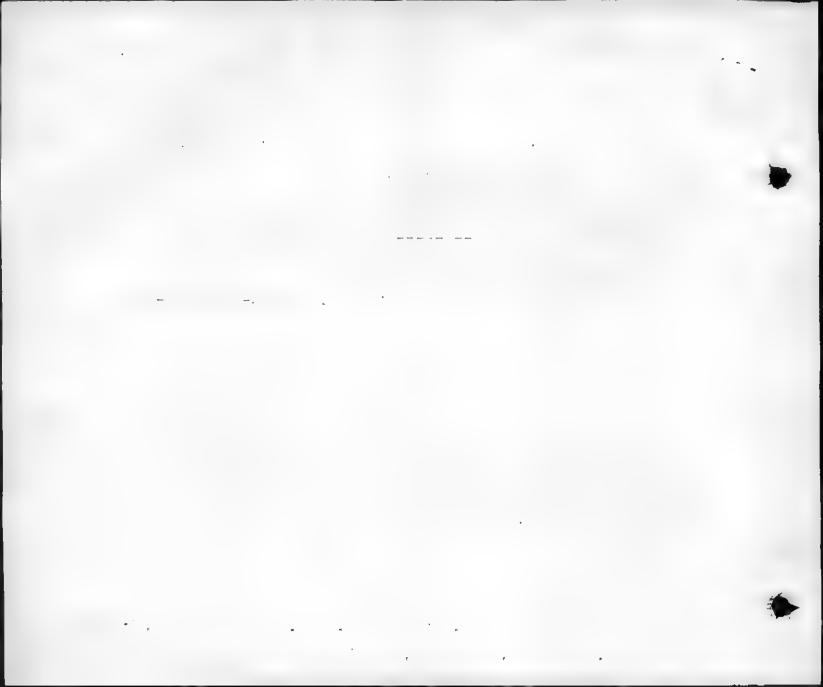
1976

A Second Second	
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission)
N	e, STATE) C. b. COUNTY
b. CITY OR TOWN (if outside corporate limits. C LENGTH OF STAY IN 1b	c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	1 / 1 / 1 / 1/2 /
SILVER SPRING	Washing Ten 41x 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS ON A FARM?
BEL PRE NURSING HOME	5437 - CONN. AVE. NW. 684. YES NO [
3. NAME OF First Middle DECEASED	Lest 4. DATE Mogth Dey Year
(Type or print) LORETTA	HELLIS DEATH NOV. 15 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 19. AGE (In yeers I FUNDER 1 YEAR IF UNDER 24 HRS.
FEM. WHITE WIDOWED DIVORCED	OUL 30 1891 last birthdey) Months Deys Hours Min.
108. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTI	RY 11. BIRMHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, every idefined) At Hama	hace USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rilar & Paular	A. I. B. Asherty
15. WAS DICEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, nonof unkown) (If yes give wer or detes of service)	14
Nonc.	Mae L. Wagner Some 15 FL
18. CRUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Lerebral	Minhoses
DUE TO O	1 1 1 +
I do la servicio	rica and Winkeles
gave rise to immediate cause	The state of the s
(e), steting the underlying DUETO	
ceuse lest. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
X	YES NO THE
200. ACCIDENT WAS UNDERLY NG 206. DESCRIBE HOW INJURY OCCURED	D. (Enter nature of injury in Part I or Part II of Ham 18.)
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLY NG 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, ferm, ' 20f. (City or fown) (County) (State)
Hour e.m. While Not While set work	tory, street, office bldg., etc.)
	aire 1060 - Mar 15 1061 1 10 6 21
21. I certify that (I) (this hospital) attended the deceased from.	A
	death occured at
22e. SIGNATURE	ATTENDING MED STAFF SIGNED
	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S TO THE TOTAL	22d. ADDRESS
CEKOME VILLIO	1 12800 GUEISEE ST. N.W. WASH DC.
	OR CREMATORY 23d. LOCATION (City, town pr county) (State)
REMOVAL ISPOCITY / NEVILS, 1961 Track	Croat Wash, A.C.
24 FUNERAL DIRECTOR'S SIGNATURE	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
W.W. Chambers Louvoloniver	Pld. PRATE NOV 21 '61 Curius S. Traus
	1 fee louis 1471 to 1



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admiss on) a. COUNTY file ed **b.** COUNTY MARYLAND Marvland Montgomery Montgomery the funeral shavid be fi c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if outs de corporate limits, write c LENGTH OF STAY IN 1b RURAL and give nearest lown) Kensington Kensington e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 54 YES NO NO 10705 Maybrook Place LeDeau Gardens 4. DATE NAME OF Middle Last DECEASED Elizabeth (Type or print) death IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9 AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Days Hours 1870 WIDOWED TO DIVORCED | Female 12 CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) Maryland USA puo Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME (Unknown) Viers Benjamin White physici remove 17. INFORMANT Address 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO Mary M. Cuttle-daughter-same No None piease INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which permi gove rise to immediate DUE TO couse (o), stoting the underlying couse fost, physician has been s burnal-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION cremation, PERFORMED? YES NO T 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home form, 20f. (City or town) 20c TIME OF INJURY 20d. INJURY OCCURRED (Stote) Month, Day, Year (County) factory, street, office bldg., etc.) Hour o. m. While Not while ot work at work p. m. 21 I certify that (I) (this haspital) attended the deceased from detached i Health pri and that death accurred at 12 M. from the causes and an the date stated above saw the deceased alive on FUNERAL DIRECTOR: 22b DATE 220 SIGNATURE SIGNED ATTENDING MED. STAFF M.D PHYS. 0 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 23g, BUR.A., CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) poge REMOVAL (Specify) Buri al Petersville. Maryland 2 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25o. REC'D BY REGISTRAR Cirthur S. Kines A. Pumphrey. Bethesda. Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



and corporately filled in by the funeral carbon property. Pages 1 and 2 should it, within 72 hours after death. within 24 hours after TO H SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exercised to the second process. The process of the death certificate be exercised by the hospital or attending physician.

* **S*** **IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conditionary page 3 should be detached for use as the burial-transit permit. Then please remove carbonary be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, Arthin MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1 1 1777 CERTIFICATE OF DEATH

	12/13
Z	PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, if institution; Residence before admiss on) a. COUNTY b. COUNTY
	MARYLAND MARYLAND Mary land Corporate firmits, c. LENGTH OF STAY IN 16 c. CITY OR NOWN (If outside corporate limits, write RURAL and give nearest town)
, , , a	A NAME OF HOSP TAL OR INSTITUTION (if not in hospital, g va straet address) d. STREET ADDRESS on A FARM?
	3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years Funder 24 HRS last birthday) Months Days Hours Min.
	DIVORCED DIVORCED STORM DIVORCED STO
	Green at Coffin Emma Packard 15. WAS DECEASEDEVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) [(If yes give war or dates of sarvice)]
	18. CAUSE OF DEATH [Enter only one causa par line for (a), (b) and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which GOVERNOR (b) Conditions of the part of
g-pl	(a), stating the underlying DUE TO cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION G VEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c. PLACE OF INJURY (Homa, farm, factory, streat, office bldg., atc.) Hour e.m. 19 at work at work at work
	21. I certify that (I) (this hospital) attended the deceased from ACCUST 1961, to NOV 21, that (I) (see) last saw the deceased elive on NOV 21 1961, and that death occurred a 3/15/M, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING MED STAFF SIGNED PHYS. DIRECTOR PHYS 11-21-61
1	22c PHYSICIAN'S NAME (Type) CM RS It Will olt on 76 OF Carrill axe Telkomi Rt
1	23. ACRIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 1 23d. ROCATION (CITY) The action of Control o
٦	24/AUNERALI DIRECTOR'S, SIGNATURE 254 CARROLLES STATES 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE CARLOLLES STATES SIGNATURE DATE OF 101 CARLOLLES STATES



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND						
12776	CERTIFICA	TE OF DEATH	·	12763		
1. PLACE OF DEATH COUNTY Montagme	1 4 MARYLAND	2 USUAL RESIDENCE (Where	b. COUNTY	Dade		
B CITY OR TOWN (If outs de Corporate limits, w RURAL and give nearest town)	142 11 md	Miam)	ide carporate limits, write Rt	rax.		
d NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION Brooke Grove	foundation	d. STREET ADDRESS 9443 SVI	36 in St	e. IS RESIDENCE ON A FARM? YES NO		
3 NAME OF DECRASED (Type or print) Jenni	e June	Colpani	OF DEATH 90 V	10 1961		
0 1 0	MARRIED NEVER MARRIED DOWED DIVORCED	b date of birth	69 9. AGE (in years lost birthdoy) 92 yrs	IF UNDER 1 YEAR IF UNDER 24 HR: Months Days Hours Min.		
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) dressmaker	106. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or	foreign country) カミノン	12 CIT ZEN OF WHAT COUNTRY		
Washburn Cleve	land	anne	Buttert	ield.		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? [Ves. no. or unknown (If yes. give wor or dates of service)	16. SOCIAL SECURITY NO 17 IN	Eatherine	atwo	od		
1B. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).]	throbote	CF1	INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if ony, which gove rise to immediate DUE TO	Countryed	artenoses	lung	Do yn		
Couse (a), stoting the under. Lying cause last. C) Part II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	al disease condition giv	EN IN PART 1(0) 19. WAS AUTOPS' PERFORMED?		
206 ACCIDENT WAS UNDERLYING 206 OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Par	tt I or Part II of item 18.)	YES NO [1		

MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) 20d. INJURY OCCURRED (County) foctory, street, office bldg, etc.) a. m. While Not while at work at work

1947, ta_Nov , 1947, that (I) (we) ast 38 M, from the causes and an the date stated above. 21. I certify that (I) (this hospital) attended the deceased from factorized at 2. saw the deceased alive an Nov 1 1941, and that death accurred at 2. 220 SIGNATURE 22b. DATE

SIGNED ATTENDING PHYS. MED DIRECTOR MD. 22d. ADDRESS Id and y Spring, MB. 22c. PHYSIC:AN'S

23a BURIAL, CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City, town, or county)
REMOVAL (Specify)	11_11_61	Lelm Will	Lake Mills Wisco

Mills, Wisconsin

(State)

24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE **ADDRESS** Francis H. Barber Laytonsville, Md. DATELIOV 1 5 '61 arthur & Three

in by the funeral director, and 2 should be filed with and in any event, within 72 haurs after death remave carban papers. Pages ■y th∎ attending pllysician and campletely please TO FUNEKAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. The State Board of Health prior to burial, cremation, or remaval, crematian, ar remaval, thained by the haspital ar attending physician.

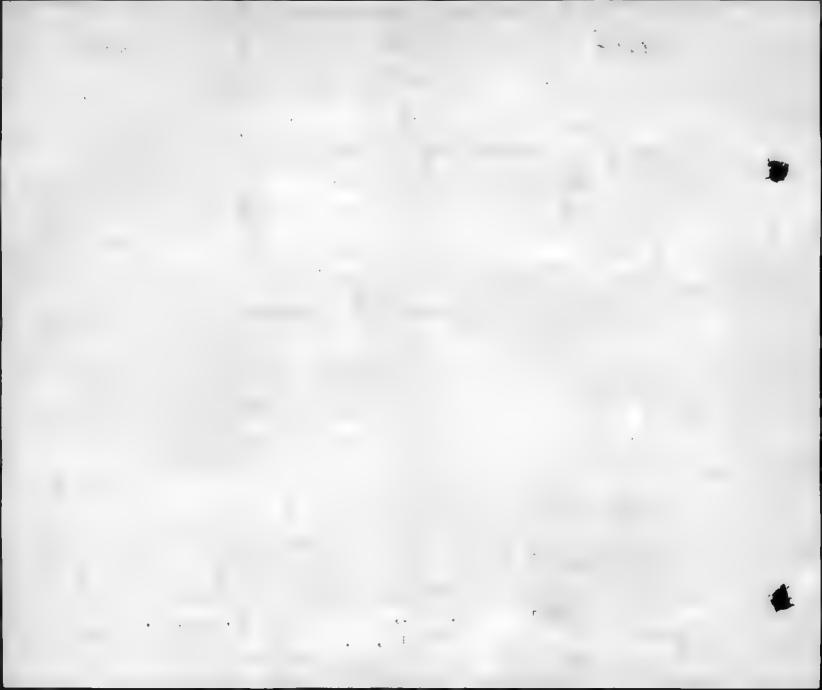
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

havrs after death. Page 4

VR A15 (4) 15M 9/59



₩	Items 18821 Film 301 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND
FOR STATE	12777 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12764
HEALTH DEPT.	1. PLAGE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admiss on
octor. Page your files.	b. CITY OR TOWN (if outside corporate limbs, write RURAL and give needest town) With RURAL and give needest lown) A COUNTY MARYLAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate timits, write RURAL and give needest town)
y delay is kuneral di tained for State Boar eath.	d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give areal eddress) A STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO DE DECEASED Day Year
and 3 to may be re 2 with the	(Type or print) Elgas Copeland DEATH DEATH 19 6 5. SEX 6. COLOR OR RACE 7. MARRIED DI NEVER MARRIED B. DATE OF BIRTH Male Color of RACE 7. MARRIED DI NEVER MARRIED DI B. DATE OF BIRTH 19 AGE (in years If UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Hours Min. DEATH DEATH DEATH 19 AGE (in years If UNDER 1 YEAR IF UNDER 24 HRS. Devs Hours Min. The print of the pr
# hours after 1, 2, M3. Page 5 sages 1 and within 72 h.	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sife or gin country) 11. BIRTHPLACE (Sife or gin country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Sife or gin country) 13. FATHER'S NAME
ed within 2 em 18. Give vith form Plus errwit. File p	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or Diskown) (Ifyes giva were relates of service) Cloud hunsly - Cloud, mil
ate should be executading," in pencil in the iner's Office along a las a burial-transit por removal, and in	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gove rise to Immediate cause (a), steling the underlying cause last. (c)
R: This certification word "pe word "pe Wedical Exam Medical Exam though be used to compare the companion, compared to the word of the wor	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH. 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.
E, writing the Chief It Page 3 s	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Cliy or town) (County) While Not While fectory, streat, office bldg., atc.) p.m. 19 at work at work
DICAL Elecatification varied to IRECTOR agent, pri	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER .
TY ME cecute the be forw IRAL D	EXAMINER'S ELANK TRACE DEPUTY MEDICAL EXAMINER DATE SIGNED
please ex 4 should 0 FUNE or its des	NAME (Type) 1228. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 11/12/61 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22d. LOCATION (City, town, or country) Mt. Zion, Md.
VS. A15ME 5M 7/59	23 FUNERAL DIRECTOR ADGRESS SIGNATURE ROCKVIlle, Md. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATENDY 15'61 Civiling 8. Truss



VR A1S (4) 1SM 9/59

12778

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12765

1.	PLACE OF DEATH				2 U	SUAL RESIDENCE (V	Vhere deceased I		n Residence bef	ore admission)
L		ONTGOMER	Y	MARYLAND		MARYLA	ND	b. counto	NTGON	IERY
ŀ	ENSING			th of stay in 16 Months	С	KENSING		te limits, write RU	RAL and give no	earest town)
F	Censingto	h Gardens Sa	street oddress)			9901 Conr	necticut	Avenue	1	e IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mont	h D	loy Year
	(Type or print)	ELLA		IRVIN	C	OWARD	DEATH	Novem	ber	2 1961
5	SEX			EVER MARRIED	8 DA	TE OF BIRTH	1800 3 9	AGE (In years lost birthday)	Months Doys	R IF UNDER 24 HRS
J	zemale	Caucasian w	IDOWED 🔀	DIVORCED [Ma	rch 27, <u>1</u> ;	380	81	50,5	110013
	O USUAL OCCUPAT	TION (Give kind of work dor orking life, even if retired)		BUSINESS OR INC	DUSTRY	11 BIRTHPLACE (Sto	le or foreign cou	ntry)	12 CITIZEN C	OF WHAT COUNTRY
	Housewif		Hom	e		Ohio			USA	
- 1	B. FATHER'S NAME				14.	MOTHER'S MAIDEN				
	Horace II	rvin				Ella Jewe	el			
	(es, no, or unknown)	VER IN U. S ARMED FORCE (If yes, give war or dates of serve		ECURITY NO. 17	INFORA	AANT		Addre	ess	
Ĺ	No	-	None	M	edic	eal Recor	d Kens	sington (Gard, S	ani <u>tariun</u>
		immediate (DUE TO	A Les	12 (1)	264	1 Del	D. J.	· · · · · · · · · · · · · · · · · · ·		TERVAL BETWEEN USET AND DEATH
CATION	lying couse los	THER SIGNIFICANT CONDIT	TIONS CONTRIBU	TING TO DEATH 8	UT NOT	RELATED TO THE TER	MINA DISEASE	condition GIVI	N IN PART I(o)	19. WAS AUTOPS' PERFORMED? YES NO
CERTIFI	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIL	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER]	ъ. DESCRIBE НО	W INJURY OCCUR	RED. (En	ter noture of injury i	n Port I or Port	II of item 18.)		
MEDICAL	20c, TIME OF INJ Hour o. m p. m	1.	20d. INJURY OC While Not ot work (ot w	while	PLACE C foctory,	F INJURY (Home, fo street, office bldg., e	rm, 20f. (City o	or town)	(County	r) (Slote
		hat (1) (this hospital) ased alive an 10					ue-	-		that (I) (we) la te stated above
	220 SIGNATURE	Semith	T. Kem	lele.	M.D		MED DIRECTOR []	STAFF PHYS		226. DATE 5 GNE 2 /200 - 61
	22c PHYSICIAN'S NAME (Type					22d. ADDRESS 927 Pasc	hing pr	ine Sie	luce for	ing, and
23	BURIAL, CREMAT REMOVAL (Speci	fy)		ME OF CEMETERY	(~	MATORY Piliatory	3ultl		d.	(Stole)
24	FUNERAL DIRECTO	OR'S SIGNATURE	/ ADI	DRESS W	John,	250 RE	C'D BY REGISTR		TRAR'S SIGNAT	
10	Joseph K	sufers d) m	es objec.	1736-07	2. Llor	ALL DATE	NOV 6 '6	a	rthur S. H	and the same



VR A15 (4) 15M 9/59

MA	RYLAND	STATE	DEP	ARTMEN	T OF	HEA	LTH	
ISION OF	STATISTICAL	RESEARCH	AND	RECORDS —	BALTIM	ORE 1	I, MARYLAN	4D

DIVISION	OF	STATISTICAL	RES	EARCH	AND	RECOR	DS -	- BALT	IA
		CEL	2TI	IFIC.	ΔTF	OF	DE	ATH	ŧ.

12779

	1.26	() ·		CERTIFI	CAT	E OF DEATH		12	2766	
Ì. (PLACE OF DEATH	vtain	PYI	MARKE	11	a. STATE	here deceased lived	d, If institution. Re b. COUNTY	sidence before	e admission)
	b. CITY OR TOWN (I	f outside/corporate lin	nits, write c L	ENGTH OF STAY IN	ч 1Ь	c. CITY OR TOWN (IF	outside corporate li	mits, write RURAL	ond give near	rest tawn)
	DUH	resda		4 m		MUShi.	VOTON		47	X 3
	d. NAME OF HOSPIT OR INSTITUTION	Al (If not in haspital, Alta Vis	give street oddre	rsination	ne	1290 CY	Henden	st. n. u	U.	ON A FARM? YES NO
3.	NAME OF DECEASED	F	irst	Middle		Last J	4. DATE OF	Month	Day	Yeor
	(Type or print)	Hill	ian		4	Vauitord	DEATH	nov.	30	2 196/
5. 5	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ 0.	DATE OF BIRTH	9 AC	GE (In years IF UP (Checkholoy) Man		Hours Min
	F	\mathcal{W}	WIDOWED [DIVORCED		Mar. 8.	1873 8	8 yrs midn	ilhs Doys	Hours Min
10a	. USUAL OCCUPATION during most of work	ON (Give kind af wark ling life, even if retire	dane 10b. KIND	OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (State	ar fareign country	}	CITIZEN OF	WHAT COUNTRY?
	CIEYK		Depl	Store		1/8/10	3Ka		U,	2
13.	James C	. Crawfo	nd /			14. MOTHER'S MAIDEN				
		•					7 11001 0			
15, (Ya:	WAS DECEASED EVE	R IN U. S. ARMED FO (If yes, give wor or dates of	RCES? 16. SOCI	AL SECURITY NO.	17, INFC	1 0	RI,	Address	41040	NN. HVEIN
	710		1 7		mr.	GAWINC:	W lanukar	d Wa	SHINGT	4N, D.
		iTH [Enter only one of TH WAS CAUSED 8Y:	ause per line far		1	1- 0-1	/	0 - 0	ONSI	RVAL BETWEEN ET AND DEATH
	4	IMMEDIATE CAUSE	o) 14 187	PRIOSCA	CRO	FIL CARVI	OVASCULI	AR DISTA	450	TEARS
	141	DUE TO	0							
	Canditions, if a gove rise to in	mmediate	b)							
	couse (a), stoling lying couse last.									
z			r) NDITIONS CONT	RIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TERM	UNAL DISEASE COS	NDITION GIVEN IN	PART 1(a) 15	WAS AUTOPSY
CERTIFICATION						_				PERFORMED? YES NO
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OC	CURRED.	(Enter nature of injury in	Part I or Part II of	item 18)		
MEDICAL	20c. TIME OF INJUR	Y Manth, Day, Y			loe. PLAC	E OF INJURY (Home, farrry, street, office bldg., et	n, 20f. (City or to	wn)	(Caunty)	(State)
MED	Hour a.m.	19	While at wark	Not while at wark	Idelai	y, siled, bilice blug., ell				
	21 I certify tha	it (I) (this haspite	il) attended t	the deceased f	romk	UN-C 19	6/ 10 No	V. 30	19.6/, the	at (l) (we) last
	saw the deceas	sed alive on NO	129	1961 , and t	hat dec	ath accurred at 5%	M, from the	causes and or	the date	stated abave.
	220 SIGNATURE	H8- Si	Lasty	/	M.1	ATTENDING N	NED. ST	AFF IYS.		226.DATE /SIGNED
	22c. PHYSICIAN'S NAME (Type)	DeWITTE	- DeL	AWKR		8025 ABE	ROEENKA	1. Bethe	sda 1	14, Md
230		N, 23b DATE THERE	OF 23c	NAME OF CEMET	ERY OR C	REMATORY	23d LOCATION	(C'ty, tawn, ar cau	inty)	(State)
	REMOVAL (Specify)	12/11/6] G	lenwood	Cem	eter y	Washing	ton, D	.C.	
24	FINERAL DRESTOR			ADDRESS	11.1	7.10 250. REC	D BY REGISTRAR	256. REGISTRAR		
7	Re S. N. 1	Venue Co	. 200	Reh 9	10.	(L) DATE	18. 4 min	Chille	47 L. Flia	MI)



by the funeral and 2 should carbon papers. Pages 1 nt, within 72 hours after

within 24 hours after

filled in by

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a death used 4 may be retained by the hospital or attending physician.

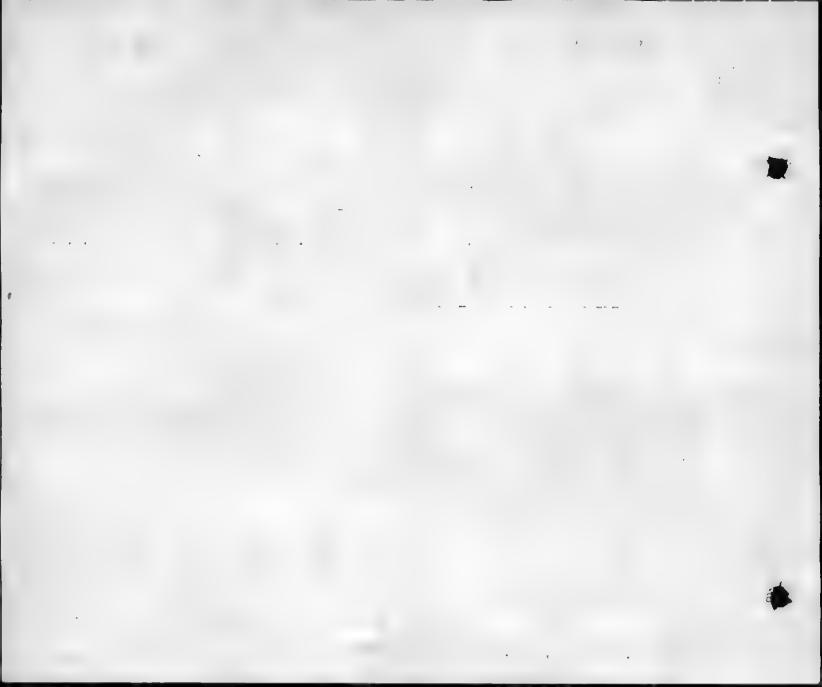
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comparetly director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

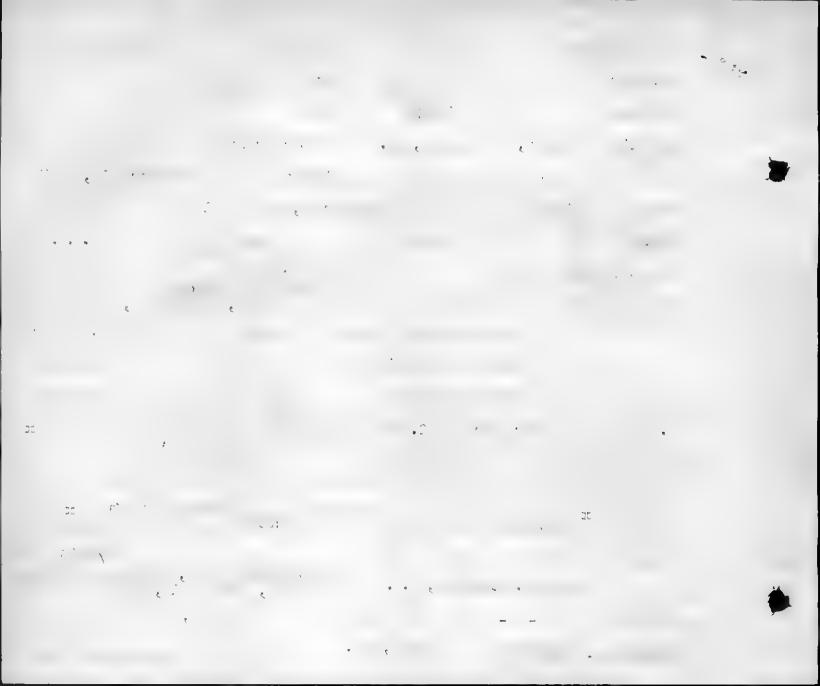
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 19780 CERTIFICATE OF DEATH 1019019

I. PLACE OF DEATH G. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission e. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	c. CITY OR TOWN (If outs de corporete limits, write RURAL end give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress)	d. STREET ADDRESS ON A FARM
3. NAME OF SUBURBAN First Middle DECEASED (Type or print)	10408 MONTROSE AVE. Month Day Yeer
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE IN years IFUNDER 1 YEAR IF UNDER 24 HRS legt birthdey] Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	-21-05 Y 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) Retired Policeman D.C 13. FATHER'S NAME	Wash. D.C U.S.A.
CLARENCE CREEL	ANNA H. SWART
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	
NO 579-50-3964 W. 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	IFE ELIXABETH SAME AS ABOVE
1-1	rouchoph eu maala ONSETAND DEATH
Conditions, if ony, which gove rise to Immediate cause (b)	INFARCTION - 17-104
(a), stating the underlying DUE TO Couse last (c) ARTEVIOSCI	evoris, generalized
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAY DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 201 DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part or Part II of item 18.)
	CE OF IN.LRY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	. 11/11, 1961, to
saw the deceased alive on	death occured at M, from the causes and on the date stated abov
228. SIGNATURE Survey M.	D. ATTENDING MED. STAFF NOW. 34/15CIGNE
22c. PHYSICIAN'S MAME (Type) OTOHN UNHAU	8805 Com Are Ch. Ch 15 1201
230. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY [23d. LOCATION (Gity, fown or county) (State)
Burial 11/27/61 Darnestown Pre	2 sbyterian Montgomery Maryland 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
LA FUNERAL DIRECTOR'S SIGNATURE KQ . 8434 GEORGIA AVENT WARNER E. PIMPHREY, INC. SILVER SPRING, MA	UE 101 2 7 161 Cultury & Kraus



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12781 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institut on: Residence before exponence) SOUNTY MARYLAND MARYLAND 10WB

		ma a more and a second
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decassed lived, If institut	on: Residence bafore edm ssion)
Montgomery MARYLAND	a. STATE b. COUNTY	
b. CITY OR TOWN (f outs da corporata limits, c. LENGTH OF STAY N 1b	c. CITY OR TOWN (If outside corporate I mits, write RURA	Land give reerest town)
write RURAL and give nearest town) Bethesda 5 days	Exira	
		a. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?
The Clinical Center, Bethesda 14, Md.	No street address	YES NO
3. NAME OF First Middla DECEASED	Last 4. DATE Month OF	Dey Yaar
(Typa or print) Cecil Kenneth	Cullings DEATH November	r 11, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE In years IF UN	
Male White WIDOWED DIVORCED	January 2, 1900 61 yrs. Mont	hs Days Hours Min.
10a. USLAL OCCUPATION (Giva k nd of work 10b. K ND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (County & State, or foreign country) 12	CIT ZEN OF WHAT COUNTRY?
dona during most of working life, even if ratired)	1	
Banker Banking	Lowa	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Phil Cullings	Ida Parshall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. (Yas, no, or unkown) (Ifyasgiva warordatas of sarvica)	INFORMANT The Medical Records	
11-17-17-17-17-17-17-17-17-17-17-17-17-1	ne Clinical Center, Bethesda 1	l. Marwland
18. CAUSE OF DEATH [Enter on y one cause per line for (a), ,b), and (c)]		NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Probable acute myoc	eardial infarction	ONSET AND DEATH
Company Haget dies	2250	7 770075
Conditions, if any, which gave rise to immediate cause	sase	7 years
(a) stating the underlying DUETO		2.0
cause last. Diabetes Mellitus		17 years
PART ". OTHER SIGNIFICANT COND TONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY PERFORMED?
1. polycythemia rubra vera 2. Mult 20. ACCIDENT WAS UNDERLYING 1 20. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING 1 CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	tiple myeloma	YES NO
208 ACCIDENT WAS UNDERLYING [] 206 DESCRIBE HOW INJURY OCCURE	D (Enter natura of injury in Part I or Part II of Itam 18.)	, , , , , , , , , , , , , , , , , , , ,
205 DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING 205 DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH		
	ACE OF INJURY (Home, farm, , 20f. (City or town)	(County) (State)
Hour a.m. While Not While	ctory, straet, office bldg., etc.)	[400.11]
21. I certify that ** (this hospital) attended the deceased from	lovember 6 19.61 tallovember 11	. 19 61. , that 🗯 (we) last
saw the deceased alive of November 11 19 61, and that	it death occured a 220AM from the causes and	on the date stated above.
22a SIGNYSTURE		22b. DATE
Marined / Lu . 200	ATTENDING MED. STAFF	11/11/61 SIGNED
22c. PHYSICIAN'S	22The Clinical Center, Nati	The second secon
NAME (Type) Edward S. Henderson, M.D.		
238. SURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	Of Health, Bethesda 11, M	
REMOVAL (Specify)		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRA	R'S SIGNATURE
ROBERT A. PUMPHREY Bethesda,	Ma. DATNOV 17'61 Chilling	9 France



19709

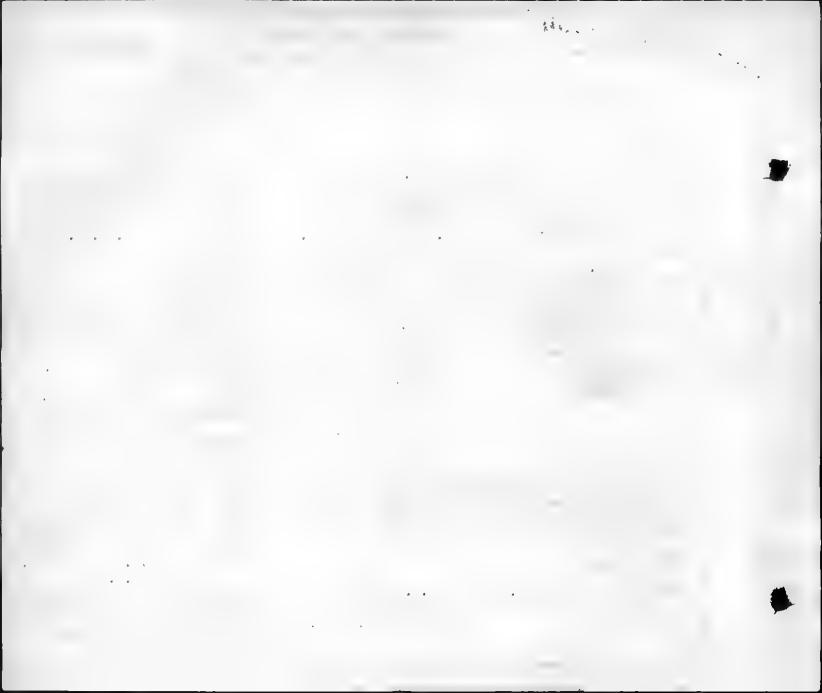
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF BEATU

Reg.	DAY THE	(

L	LATOR	,		CERTIFIC	AIE OF DI	AIH		Reg. Dat.	16 C	
Ī	PLACE OF DEATH				2 USUAL RESIDE	NCE (Where deced	sed lived If institut		before admis	sion)
L	Mo	ontgomery		MARYLAND		yland	B. COUNT	Montgo	mery	
	b. CITY OR TOWN (If RURAL and give ned	outside corporate limits, wr		TH OF STAY IN 16	c. CITY OR TO	WN (If outside co	porote limits, write I	RURAL and give	nearest tow	n]
L	Be tries	ia	6	days	D 3 Che	vy Chase	, Maryland	1.		
	d. NAME OF HOSPITA	L (If not in hospital, give st	reet oddress)		d. STREET ADI	PRESS			e. IS RES	SIDENCE A FARM?
·		ourban Hospit	al		/320	6 Rollin	g Road			NO [X]
3.	NAME OF DECEASED	First		Middle	Last	4. DATI	E Moi	nth	Day	Year
L	(Type or print)	Rich		W.	Cushin	g DEA	Movem	aber 17		1961
5.	. SEX	6. COLOR OR RACE 7. A	AARRIED A	EVER MARRIED	B. DATE OF BIRTH		9. AGE (in years lost by bday)			
L	Male		OWED 🗌	DIVORCED 🗌	11/9/84		(/ yrs.	IMONINS De	ys Hours	Min.
10	o USUAL OCCUPATION TO during most of works	N (Give kind of work done no life, even if retired)					country)		N OF WHAT	COUNTR
	Electrical	engineer	Go	vt.	Mass			U.	S. A.	
13	. FATHER'S NAME	777 - 470 - 5 4			14. MOTHER'S M					
L		T. Cushing				Rebecca 1	'abens			
- 0	řes, no, or unknown) <u>j ji</u>	IN U. S. ARMED FORCES? [yes, gaya year, gc_dates of sprvice]		ECURITY NO. 17.	INFORMANT		Add			
L	yes W	forld War I	No		George Bu	tler Cus	hing/same	as abo	ve	
Г		M [Enter only one couse p	er line for (o).	, (b), and (c).]					INTERVAL BE	TWEEN
П	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Acu	te cardia	failure				6 d	
Н	171x	DUE TO								
	Condilions, if an				l pulmonar					os.
	gove rise to im		Pro	static car	cinoma -	left ure	teral obst	ructio	1	
	lying couse lost.) (c)			left hyd					ear
Įĝ	PART II. OTH	ER SIGNIFICANT CONDITIO	NS CONTRIBL	ITING TO DEATH BU	NOT RELATED TO T	HE TERMINAL DISE	ASE CONDITION GIV	YEN IN PART 1		AUTOPSY PRMED?
13					<u>itus - 10</u>					NO 🗓
CEPTIFICATION	OR CONTRIBUTING	UNDERLYING 20b.	DESCRIBE HO	W INJURY OCCURR	D. (Enter noture of i	njury in Port I or F	fort II of item 18.]			
					_					
MEDICAL	20c. TIME OF INJURY Hour o. p.	w	d. INJURY O	CCURRED 20e. Pl	ACE OF INJURY (Ho story, street, office b	me, farm, 20f. (C ldg., elc.) !	ity or town)	(Cou	nty)	(etot2)
¥	p. m.			vork 🗌						
Н		at I attended the dec					17, 1961			
1	alive on NOVE	mber 17, 1	<u>e 61</u>	and that deat	occurred at 🗓	0:00PM, fr	om the causes o	and on the	date state	ed abav
Н		(J/ -B				_	(Street, city or town,			ATE SIGNI
1	ACTUAL SIGNATURE	Tillity	16-AR	1-05 -	M.D. ,	3805 McK	inley St.,			ngton
	PHYSICIAN'S	7	7.6	7 0 00				D.C	. (15)	
	NAME (Type)	Edward A.		e, M.D.						
2	REMOVAL (Specify)	1 1 -		AME OF CEMETERY C			ATION (City, town,		(Stot	0)
		11/21/61		ington N			ington,			
23	Dobont A			oress esda. Ma		4a. REC'D 8Y REG		STRAR'S SIGNA		
	Kopert A.	Pumphrey,	Defile	csua, rla	ATAIIG	ATENOV 2 2 '	61 (%	inno S. Fis	Alla	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ely form in by the funeral director. Pages 1 and 2 shauld be filed with may be setained by the haspital ar attending physician.

• DIRECTOR: After this certificate has been signed by the attending physician and campletely fipage 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Page the registrar prior to burial, crematian, ar remayal, and in any event within 72 hydrs after death. TO FUE VS A15 (4) 15M 9/55



12783 CERTIFICATE OF DEATH Reg. Dist. No.5 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) C b. COUNTY Montgomery p. STATE MARYLAND Washington. the funeral c should be Fil b. CITY OR TOWN (If outside corporale limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) d. NAME OF ROSPITAL (If not in hospital, give street address)
OR INSTITUTION Washington. D. d STREET ADDRESS e. IS RESIDENCE ON A FARM? 4740 Chevy Chase Drive 4108 Ingomar St. YES NO V Tuo Ξ. NAME OF 4. DATE First Middle Lost Doy Yeor (Type or print) Elizabeth DEATH Davidson 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours DIVORCED [WIDOWEDT Female White 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife U.S.A. Virginia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Harry S. Houghton Alice V. Ballentine move hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Wash. 2 ottending Woodson Houghton -2337 Calif 18. CAUSE OF DEATH [Enter only one couse per ling-for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** á Conditions, if any, which gove rise to 'immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING EL CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of stem (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY I Home, form, 20f. (City or town) Dov. Year 204 INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour 0.4 at work of work NOU 13..., 19.6. I , that I last saw the deceased I certify that I attended the deceased fram. and that death accurred at 930, A. M. fram the causes and an the date stated above. alive an_ ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURI should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) REMOVAL (Specify) Rock Creek Cemetery Washington. 10 23. AUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE Children & Thomas VS A15 (4) DATENOV 1 6 '61

ofter death.

C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I'vad, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Montgomery Marvland c. CITY OR TOWN (It outside corporata limits, write RURAL and give nearest town by II c. LENGTH OF STAY IN 16 Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (of not in hospital, give street address) o. IS RESIDENCE filled ON A FARM? YES NO TO Suburban 12103 Selfridge DATE 3. NAME OF F,rst Middle DECEASED OF DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR) COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS last birthday) Months | Days Hours DIVORCED WIDOWED Toa. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or loreign country) done during most al working life, even il retired) Virginia H.S.A 13 Housewife 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURTY NO., 17. INFORMANT GOOD Salvards (Yes, no, or unkown) (If yes give war or dates of service) Daughter Virginia Blundon (Same as above) No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. brownellar Ihromboses IMMEDIATE CAUSE (a) DUE TO Coneralized arteriorelevoris Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 206. ACCIDENT WAS UNDERLY NG | | 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH | (LF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 2Ge, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.] While Not While at work at work saw the deceased alive on.....!! 22b. DATE 22a. SIGNATURE ATTENDING PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Morris Perry 23a. BURIAL, CREMATION, | 23b OF CEMETERY OR PREMATORY 0 ADDRESS 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 12785CERTIFICATE OF DEATH director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY Ç MARYLAND funeral b. CITY OR TOWN (If outside corps obte limits, write LENOTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town d. STREET ADDRESS IS RESIDENCE shois d. NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? OR INSTITUTION 2 YES NO Zen DATE NAME OF DECEASED Middle Month Day Year **First** OF DEATH 194 (Type or print) 60 Poges E 9. AGE (In years lost_birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Hours Dovs DIVORCED [WIDOWED [yrs. 12 CITIZEN OF WHAT COUNTRY? COM 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11 BIRTHPLACE (State or foreign country) puo 52405 pou 2 14. MOTHER'S MAIDEN NAM 13. FATHER'S NAME physicion 8 within UZKNOWN move WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Jane tending 577-03-3453 eose INTERVAL BETWEEN CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART 1. DEATH WAS CAUSED BY ō IMMEDIATE CAUSE (o' **DUE TO** Conditions, if ony, which permit (b) gned gove rise to immediate DUE TO couse (a), stating the underlying couse lost. buriol-tronsil been PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? hos YES NO TH 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Stote) 20c. TIME OF INJURY (County) Month. Doy, Year factory, street, office bldg , etc.) Not while Hour o. m. While at work at work p. m. 10 11-8-61 __, 19___, that (i) (we) last , and that death occurred at 12 1444, from the causes and on the date stated above saw the deceased olive on _ 19 DIRECTOR 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF M D 22c. PHYSICIAN'S 22d ADDRESS "0 NAME (Type) MORRIS 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF GEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) FUNE REMOVAL (Specify) BURLAL /11/61 FORT LINOCLN CEMETERY PRINCE GEORGE'S COUNTY MARYLAND 10 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNAPURE ADDRESS STANSORGIA AVENUE 25a. REC'D BY REGISTRAR arthur & Kraug VR A15 (4) INC STLVER SPRING MARYLAND DATE 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT.

pleam execute the certificate, writing the word "pending" in pend if in fem 18. Gime 1 gen 1, 2, and 3 to the inhered director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Schellth, or its designated agent, prior to burial, cremation, or removal, and in any event within 7th hours after death.

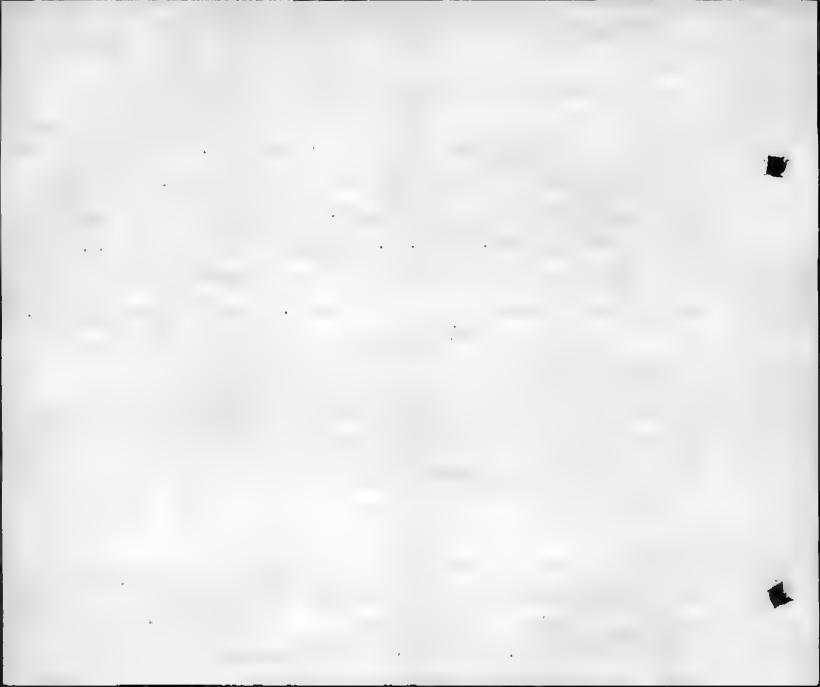
VS. AISME 5M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 =		
1	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution. Residence before edmission)
Н	h/. 7.	a. STATE b. COUNTY
-	b. CITY OR TOWN (if suiside corporate limits, c. LENGTH OF STAY IN 16	Maryland Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
V	write BURAL and five nearest low!!)	01-
/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	JO Kensington d. Street Address Let IS Residence
,		d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
١.,	Suturban Host	3919 Decatur St. YES NO TO
3	NAME OF DECEASED Stanley Albert Middle	Last 4. DATE Month Dey Yeer
	(Type or print) XXXXXXXXX AXDensmore	DEATH NOV. 28
5		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
H	Male White WIDOWED DIVORCED	lest birthdey) Months Deys Hours Min.
1	On USUAL OCCUPATION (Charles as made 125 KIND OF BUSINESS OF MUNICIPALITY	
1	done during most of working life, even if retired) Schools of	The street of total dealings
1_	Environment Custodien Rd. of Mont. Co.	Maine U.S.A
Ι.	Nathaniel	14. MOTHER'S MAIDEN NAME
	XXXXXXX Densmore	Amelia REFERENCE Beetcher
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 21 Yes, no, or unkown) (lifyesgive werordetesofservice)	NPORMANT Address
Ι,	7.7	Stanlar B Day (a) II II
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Stanley E. Densmore (Son) Hyattsville Add.
П	PART I. DEATH WAS CAUSED BY: COTONATY	ONSET AND DEATH
н	IMMEDIATE CAUSE (a) CX KONTANY - QCC L	usion Sudden
П	Te / DUE TO	
Н	Conditions, if eny, which geve rise to immediate cause	
н	(e), stelling the underlying DUE TO	
П	cause lest, (c)	
ð	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
18		PERFORMED?
CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (E	ofer nature of Injury In Part I or Part H of item 18.)
18	PRIMARY OF CONTRIBUTING COURT	
		CF OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
WEDICAL	Hour e.m. While Not While factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) ory, street, office bldg., etc.)
×	p.m. 19 et work et work	
1	21. I certify that I took charge of the remains described above, hel	d an Autopsy . Inspection , Inquiry X, and in my opinion
	death resulted from: Natural causes . Accident . Suici	de , Homicide , Undetermined manner
		CHIEF MEDICAL EXAMINER
	ACTUAL A A A	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	Jany y surner	M.U.
	NAME (Type)	11.27.01
22	20, BURIAL, CREMATION, 225, DATE THEREOF 1226, NAME OF CEMETERY OR	Address (Street, city, town, or country) CREMATORY 22d. LOCATION (City, town, or country) (State)
	REMOVAL (Specify)	
	URIAL 12/2/61 Oakdale Cemeter	
	Fairmen of 12. ZISKOL. 8434 GEORGIA AVENT	UE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
W	ARNER E. PUMPHREY, INC. SILVER SPRING, MAI	RYLAND DATHOU 3 0 '61
1.00		



MARYLAND STATE DEPARTMENT OF HEALTH

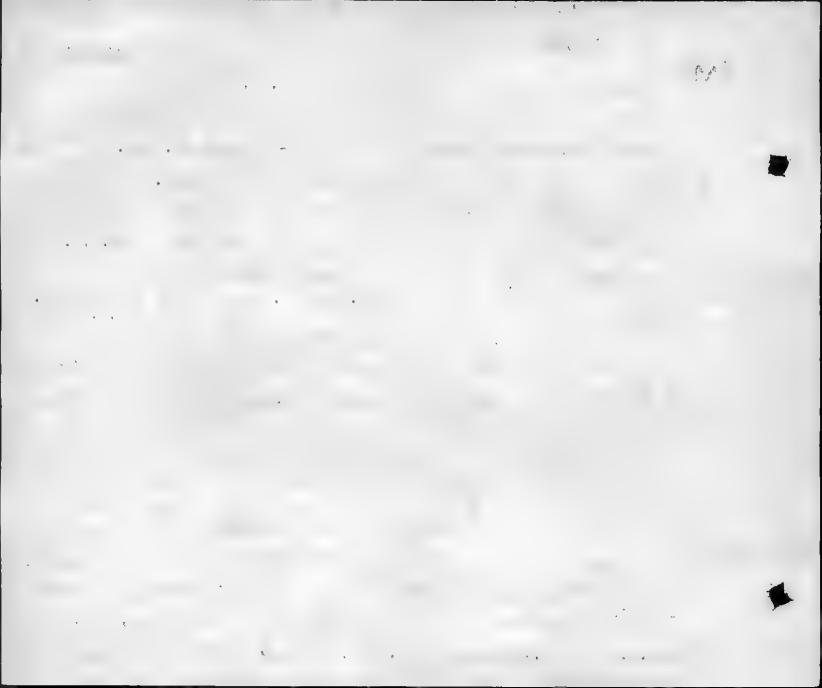
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12787 CERTIFICATE OF DEATH

_		
	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission)
1A	7/ 1	YLAND Wash. D.C.
_	b. CITY OR TOWN (if outside corporeta limits, c LENGTH OF S write RURAL and give nearest town)	
	Bethesda	Washington 1/2 3
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat ed	drass) d STREET ADDRESS 6. IS RES DENCE ON A FARM?
- #	Resmor Sanitarium & Hospit	
	3. NAME OF Frst Middle DECEASED	Lasi 4. DATE Month Day Year OF
	(Type or pr nt) Clara E	Douglas Death Nov. 3 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. last buthday) Months Days Hours Min.
	female white widowed # DIVOR	CED 7/30/1873 88 yrs.
	10a, USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	OR INDUSTRY 11 BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY?
	housewife	Maryland U.S.A.
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L)	John Casey	Mary Vermillion
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOC AL SECURITY [Yas, no, or unkown] [[lfyasgivewarardatesafsarvica]]	Mrs. Frank J. Wilson, 2910 Tennyson St. NW
	no	Weeh D.C
	18. CAUSE OF DEATH [Enter only one cause par I no for (a), (b), and PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Cerebral 4	May Thumboro 11t 2 ms _
	DUE TO	- 1/2 Q Jil a 10de
	Conditions, if any, which (b) gave rise to immediate causa	int Alust at Avenue 100 Mgs
	(a), stering the underlying DUE TO	of To be + Dies I Im
	z PART II. OTHER S GN FICANT CONDIT ONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM NALD, SEASE CONDITION GIVEN IN PART 1(6)1 19 WAS AUTOPSY
	PART II. OTHER S GN HEART CONDITIONS CONTRIBUTING TO BE	PERFORMED?
7	200 ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJUR	Y OCCURED. (Entar natura of in usy in Part II or Part II of Itam 18)
	OR CONTRIBUTING TO CAUSE OF DEATH	TO COURT I MILLION TO THE TO T
		20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (State)
	Hour a.m. Whila Not Whila	fectory, stream, office bldg , etc.)
		sed from July 4 1959 to 1961, that (1) (we) last
	21 I certify that (I) (this hose tal) attended the deceased saw the deceased alive on 1964.	
	22a SIGNATURE	and that death occurred and the causes and on the date stated above.
F	Con a Fort	ATTENDING MED. STAFF MD. PHYS DIRECTOR PHYS. 11/4/6/
	22c PHXXICIAN'S	22d ADDRESS
	WAME (TYPA) TAMAS J. FOSTOR	2 1746 K St N.W. WASHEL
		CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stata)
	burial 11/6/61 Rock	Creek Cemetery Washington, D.C.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Wash, D. C250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	The S.H.Hines Co., 2901 14th S	St. N.W. DATE HOV 6 '61 arthur & Kraus

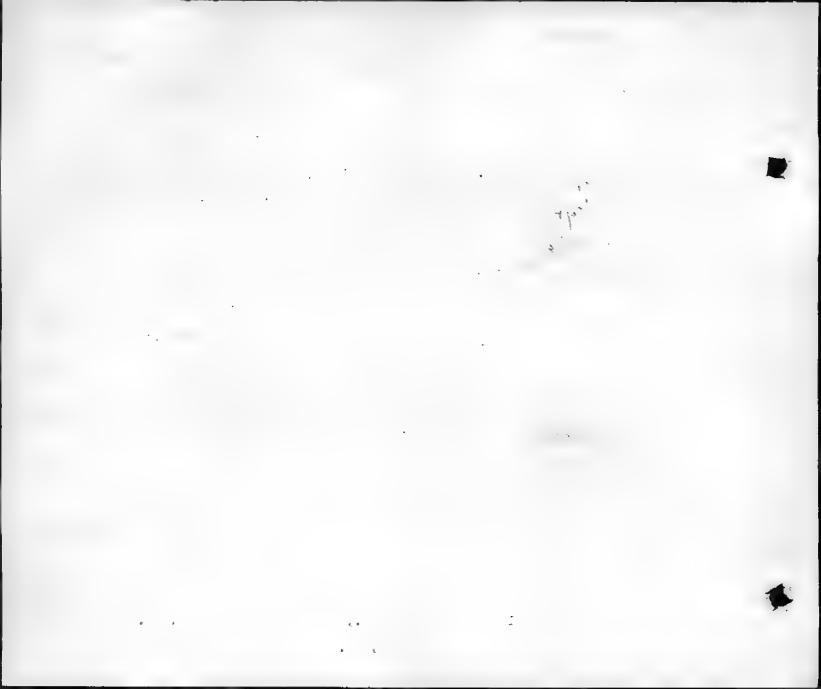
TO HO PULL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death and be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

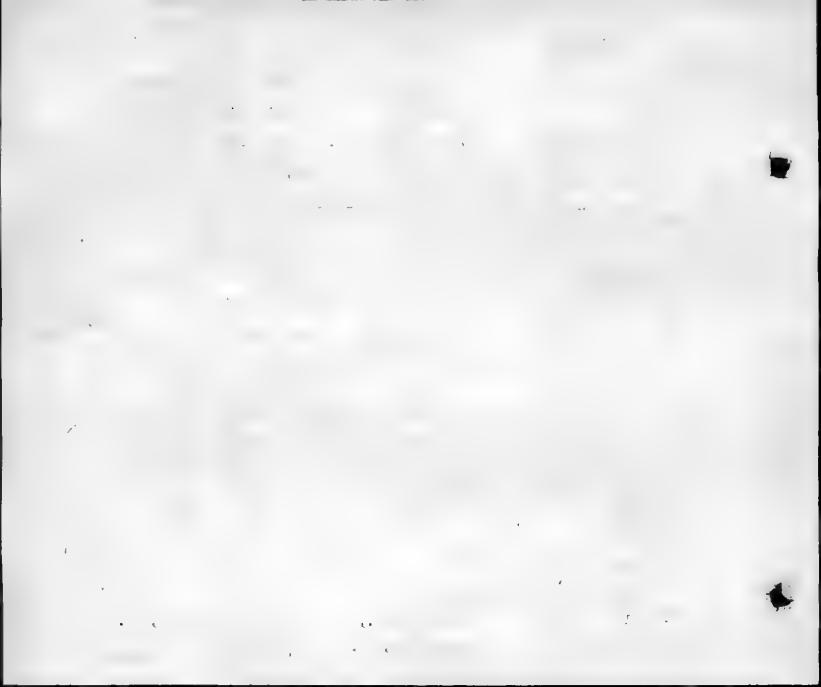
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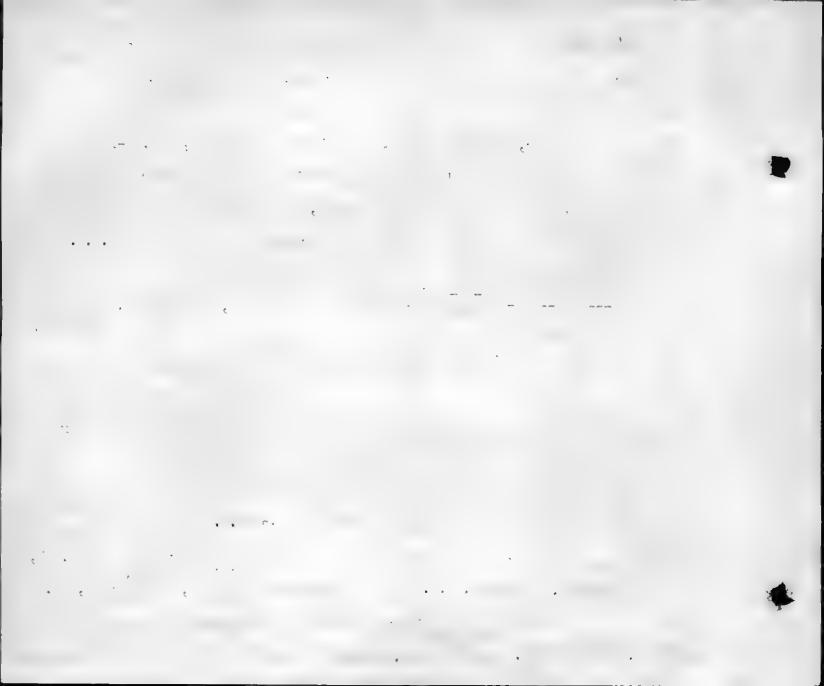
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND RTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Perfecte Defore admission) 1. PLACE OF DEATH o. COUNTY o. STATE l direc b. COUNTY c. CIDY-OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write c. LENGTH O RURAL and give morest town d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL (If not in hospitol, give street address)
OR INSTITUTION ON A FARM? YES NO DATE OF DEATH NAME OF Middle Year DECEASED 196 (Type or print) Œ g G G 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH campletely MARRIED NEVER MARRIED lost birthdoy) Months Davs Hours DIVORCED | papers. 12 CITIZEN OF WHAT COUNTRY? CUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 11 nost of working life, even if retired) 16.40 14, MOTHEST physici 17 INFORMANT Address attending INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one couse per liger for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which permit has been signed gove rise to immediate DUE TO couse (a), stating the underlying cause lost. burial-transit ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS crematian, PERFORMED? YES INO ID 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of stem 18) 20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) (County) (Stote Doy, Year foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 11 - 23, 1601, that (1) (we) last 19 CQ ta 21. I certify that (1) (this haspital) attended the deceased fram._ 22-1961, and that death accurred at 125M, from the causes and an the date stated above. saw the deceased alive an DIRECTOR 226 SIGNATURE 22b DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF M.D 22d ADDRESS SKI AN'S NAME (Type) Mast TO FUNE DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) 23a BURIAL, CREMATION, 23b 11/26/61 Rockville, Md. Lincoln Park. 25h REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL 250. REC'D BY REGISTRAR Rockville, Md. VR A15 (4) Couldny S. Flrance DATES OV 3 0 '61 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12789funeral 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) PLACE OF DEATH b. commontgomery Montgomery Marvland by the land 2 : death. MARYLAND c CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporete I mits. c. LENGTH OF STAY IN 1b write RURAL end give neerest town] Gaithersburg -- Rural days Olney led in l Pages a. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? 'Rt. #1 Box 251 YES NO TUNK Montgomery General Hospital 4. DATE Month 3. NAME OF Middle DECEASED 11-22 61 COLLTER DUVALL HOWARD DEATH 19 (Type or print) COL 9. AGE (In yours | IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdey) Months | Days Hours pue Male -23 - 1896negro WIDOWED X DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY ! 11 BIRTHPLACE County & Stete, or foreign country) 10m. USUAL OCCUPATION (Give kind of work remove done during most of working life, even If retired) Maryland U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Warfield No ra-Lott Duvall 5 ā 15 WAS DECEASED EYER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give war or deles of service) hospital records 18. CAUSE OF DEATH [Enter only one cause per line for (a)-(b), end (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which {b} geve rise to Immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT, ON GIVEN IN PART 110-1 19. WAS AUTOPSY CATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Jam 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg , etc) While Not While Hour 6.m. et work st work 196.1. that (I) (we) last 21. I certify that (I) (this hospital) lattended the placeased from. and that death occured ability M, from the causes and on the date stated ebove. saw the deceased alive on 226. DATE 22e SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. AA D 22d ADDRESS 22c. PHYSICIAN'S NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Stete) 23e. BURIAL, CREMATION, 1 23b. DATE Md . Emory Grove... Emory Grove. 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNA VR A15 (4) DANOV 2 9 '61 aritury S. Henra 15M 9/60



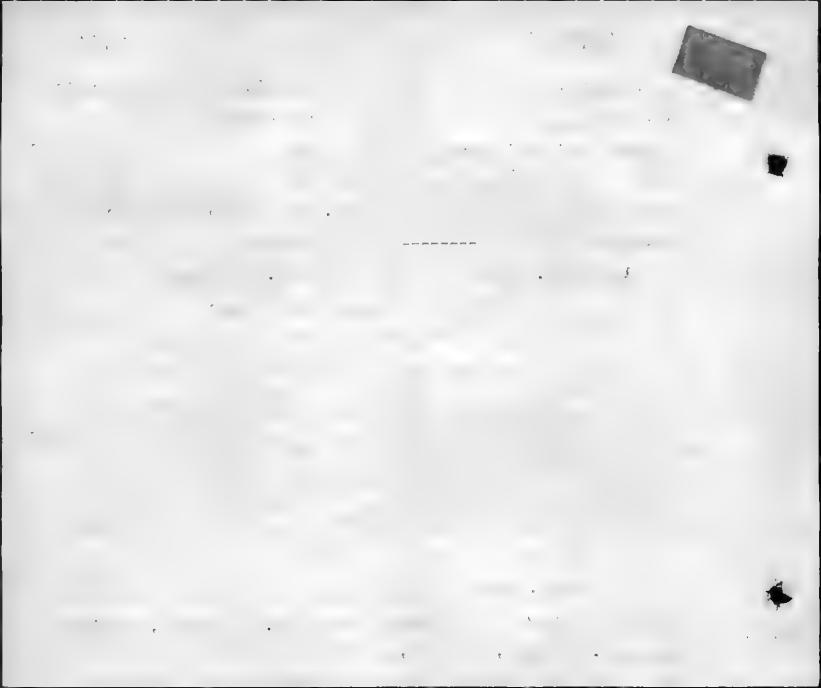
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Whare deceased lived, If Institution, Residence before admission) 1. PLACE OF DEATH b. county COUNTY Montgomery MARYLAND c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits. write RURAL and give nearast town) Wheaton Bethesda days d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) The Clinical Center, Bethesda 14, Md. 10817 Georgia Avenue, Apt. YES NO DECEASED DEATH Earmelli 20 (Type or print) Judy O! Keefe November 19 8. DATE OF BIRTH 9. AGE (In years I IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthday) | Months | Deys Female WIDOWED 1 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Maryland Housewife None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Sherman Younce Trabelle Devoard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyesg 'vewarordales of sarvice) 22-18-493 The Medical Record The Clinical Center, Bethesda ll. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO myelogenus leukemia Conditions, if any, which gava rise to immadiata causa DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY YES TE NO T 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of item 18.) 20e, PLACE OF INJURY (Home, farm. | 20f. (City or town) (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year factory, street, office bldg., etc.) While Not While at work at work 19.61, and that death occured at 300, From the causes and on the date stated above. saw the deceased alive on... DIRECTOR PHYS. The Clinical Center, National HENDERSON. M.D. Institutes of Health, Bethesda 14, Md. director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23b DATE THEREOF 23s. BUR.AL, CREMATION. REMOVAL (Specify) Gate of Heaven Cemetery | Montgomery Maryland Burial 258. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 8434 GEORGIA AVENUE VR A15 (4) arthur S. Thous DATE NOV 2 4 '61 15M 9/60 INC. SILVER SPRING. MARYLAND



LACE OF DEATH COUNTY MARYLAND Montgomery
b. CITY OR TOWN (if outside corporate limits, I c. LENGTH OF STAY IN 15 write RURAL and give nearest town) Kensington
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) 2 Pages filled Sanitarium Carroll 3. NAME OF DECEASED (Type or print) carbon p 6. COLOR OR RACE 7. MARRIED THEYER MARRIED pue Female WIDOWED 3 DIVORCED 10a. USJAL OCCUPATION (Give kind of work physician ever гетоме 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if ratirad! Housewife 13. FATHER'S NAME guip Claiborn T. Roane (Yas, no. or unknwn) I (If yas give war or datas of sarvica) 18. CAUSE OF DEATH (Enter only one causa per line for (a), (b), and (c), ART .. DEATH WAS CAUSED BY: physi IMMEDIATE CAUSE (a) DUE TO Conditions, if any, Which peen (b) gava risa to immediata causa DUE TO (a), stating the underlying certificate I 2Da. ACC DENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 딢 IF EITHER, NOTIFY MEDICAL EXAMINER Affer 20c. TIME OF INJURY Month, Day, Yaar Whila Not While Hour a.m. at work at work p.m. may be retaine DIRECTOR: should State D 22a. SIGNATURE PHYS. RAL CRAI M.D. 22c. PHYSICIAN S NAME (Typa) Henry M. Lowden 100 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) ខ្មុំខ្មុំ Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60

W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Virginia Gloucester. Gloucester . IS RESIDENCE ON A FARM? YES NO DE None 4. DATE Month Yaar OF DEATH NOVELLBER 1961 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Days 23, 1874 B RTHPLACE County & State, or foreign country; 12. CITIZEN OF WHAT COUNTRY? Virginia USA 1 14. MOTHER'S MAIDEN NAME Ann E. Medlicott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Sanitarium records INTERVAL BETWEEN ONSET AND DEATH ARTERIOSC LEROSIS PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(B) 19. WAS AUTOPSY PERFORMED? NO 4 , 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 2Dd INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (State) factory, straat, office bldg., etc.) saw the deceased alive on N.L.L. 19.6.1., and that death occured at/0;35M, from the causes and on the date stated above. 22b. DATE SJGNED ATTENDING DIRECTOR PHYS. 22d. ADDRESS 123c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) Gloucaster Point Cem. Gloucester, Virginia 250. REGISTRAR 256. REGISTRAR'S SIGNATURE CITCHIAN & Harris arthur & Kraya A. Pumphrey. Bethesda, Maryland DATE

ARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institut on, Residence before admission) 1. PLACE OF DEATH a. COUNTY **b.** COUNTY MONTGOMERY MONTGOMERY MERVIEND c. CITY OR TOWN (If outside corporate I m is, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate mits. C. LENGTH OF STAY N 16 write RURAL and give nearest town SILVER SPRING RT.2 .= "-OLNEY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? MONTGOMERY GENERAL HOSPITAL YES NO Y 3. NAME OF 4. DATE Month Middle DECEASED OF (Type or print) DEATH CLARENCE EDWARDS NOVEMBER 16. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH AGE (in years IF UNDER 1 YEAR 5. SEX last birthdey) Months Devs Hours WIDOWED T DIVORCED MALE 10a. USUAL OCCUPAT ON (G've k nd of work 10b. KIND OF BUSINESS OR INDUSTRY! 11, B RTHPLACE Journey & State, or fore, country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) U.S.A. UNEMPLOYED FARMER MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending progresse EDWARDS ARIANA GREENFIELD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address oval, (Yes, no, or unkown) | (If yes give war or dales of service) HOSPITAL RECORDS the INTERVAL BETWEEN 18. CRUSE OF DEATH Enter only one cause per line for (a), (b), and (c), l encoNEUMONIA BILATERAL ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pinnhosis of LiVER Conditions, it any, which gava rise to immadiate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,61 19. WAS AUTOPSY PERFORMED? certificat 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20%. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. et work at work DIRECTOR: 10 11-4-19 CL, that (1) (1) last plno ATTENDING 22b. DATE 22m. SIGNATURE SIGNED STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CHARLES H. LIGON. SANDY SPRING. MARYLAND director, NAME OF CEMETERY OR CREMATORY -25a REED BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Circhar S. Thousa

MARYLAND STATE DEPARTMENT OF HEALTH

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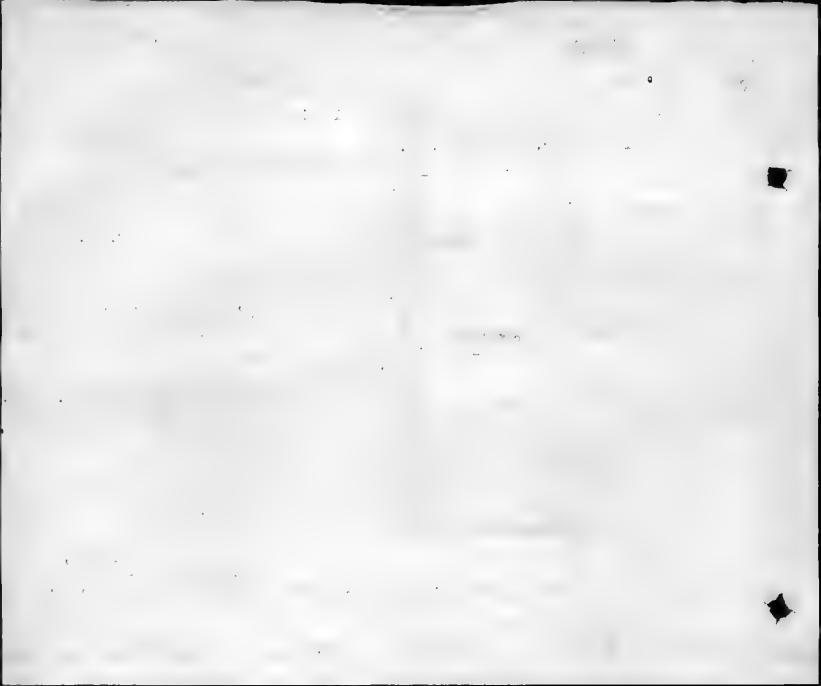
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15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
19704 CERTIFICATE OF DEATH

- 1				- THE DESIGNATION OF THE PARTY	lived, If Institution: Residence before edm sslon)
- 1		PLACE OF DEATH . COUNTY		e, STATE	b. COUNTY
ı	_	Montgomery	MARYLAND	New Jersey	D. COOK! !
	b	o. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest town)	e. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete I	mits, write RURAL and give nearest town)
		Bethesda	16 days	Iselin	
	d	NAME OF HOSPITAL OR INSTITUTION (IF not n		d STREET ADDRESS	I S RESIDENCE ON A FARM?
V	Th	ne Clinical Center, Beth	esda 14. Md.	129 Worth Street	YES NO K
	3. 1	NAME OF First	Midd e	Last 4. DATE	Month Day Year
		Orah Deborah	<u>~</u>	Enden DEATH N	November 21 19 61
	5.	SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED D.		(In yeers I IF UNDER 1 YEAR IF UNDER 24 HRS.
		Female White woo	.,	26 December 1957	yrs.
	10a, don	. USUAL OCCUPATION (Give kind of work no during most of working life, even if retired)	, KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
		Child	5 None	New York	U.S.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
\setminus		Frederick_Enden		Helen Eisenberger	· ·
	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (Hypergive werer dates of service)		NFORMANT The Medical Re	
4		No	None The	Clinical Center, Beth	nesda 14, Maryland
		18. CAUSE OF DEATH [Enter only one cause p			
		PART I. DEATH WAS CAUSED BY:	gestive heart far	ilure and Cardio Vasc	ular Accident 48 hours
		54 DUE TO PO	st-operative Tet	rology de Fallot with	Prosthetic
			lalock Shunt Ana	stomosis	12 days
		(e), steting the underlying DUE TO			
1		cause last. (c) Con	genital Heart Di	sease - Tetrology de	Fallot 3 yrs. 11 mo
7	Z	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE COND	OITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
	ATE				YES NO X
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING _ 20b.	DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury 'n Part I or Part II of its	m 1B.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)			
	WEDICAL		Od. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or to	wn) (County) (Stete)
	WED	p.m, 19 et	work at work		
		21. I certify that (F) (this hospital) at	tended the deceased from	November 5, 1961, 10 Nov	rember 2,1161., that (1) (we) last
1		saw the deceased alive on NOV.embe	r .21 19.61, and that	death occured at 2.3.3 from the	
		22a. SIGNATURE		ATTENDING MED. 51	22b. DATE SIGNED
		Ullan Jaldbe	all.	D. PHYS DIRECTOR P	November 21, 1961
	Ш	PHYSICIAN'S NAME (Type) Allan Goldbla	++ M D	22d. Aboves THE CITHICS	it bender, Madional
		ATTAIT GOTGOTA			h, Bethesda 14, Md.
	238	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION	(City, lown or county) (Stete)
		REBURTAL" 11-22-61			NEW YORK
	24	FUNERAL DIRECTOR'S SIGNATURE ERNARD DANZANSKY & S	SONS 3501 14th	St.NV, DATE NOV 2 4 '61	25b, REGISTRAR'S SIGNATURE
			, on o o o o o o o o o o o o o o o o o o	DATENOV 2 4 '61	C thur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1273:)

CERTIFICATE OF DEATH

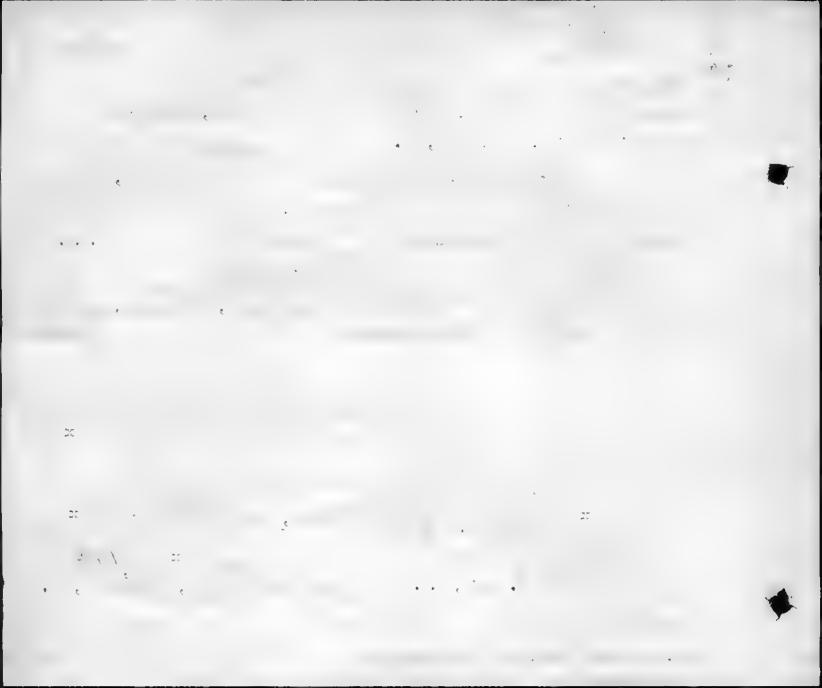
2. USUAL RESIDENCE (Where decased lived, if Institution; Residence before edmiss on)

. STATE Florida b. COUNTY
//
Bay Harbor Island, Miami Beach 9
ON A FARM?
9601 West Broadview Drive
Lasi 4, DATE Month Day Year
Engel DEATH November 4, 19 61
8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. 1 last birthdey) Months Days Hours I M.n.
October 11, 1913 48 yrs.
TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Poland U.S.A.
14. MOTHER'S MAIDEN NAME
Paula Rosenthal
INFORMANT The Medical Records
The Clinical Center, Bethesda 14, Maryland
INTERVAL BETWEEN ONSET AND DEATH
oma 15 months
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
YES NO -
ED. (Entar peture of injury in Pert I or Pert st of Item 18.)
ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
clary, street, office bldg., etc.)
october 16 3. 1961 to November 4,1961, that 2) (we) las
at death occured at Mr. from the causes and on the date stated above
22b. DATE
M.D. ATTENDING MED. STAFF THE PHYS. 211/5/61 SIGNED
22d. ADDRESS The Clinical Center, National
Institutes Of Health, Bethesda 14, Md.
Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Elmont. New York
25a. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
250. REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE DATE

TO POTITAL OR ATTENDING PHYSICIAN: The law requires that the death cartifical be existed within 24 hours after deather reasonable may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and connecting tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

F2700

CERTIFICATE OF DEATH

4 (3/4/(5/5)

1600	CERTITICA	IL OF BLATTI	16/00
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived.	
Montgomery	MARYLAND	o. STATE Maryland	Montgomery
b. CITY OR TOWN (If autside carporate limits, v	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lin	nits, write RURAL and give nearest town)
Glen Echo		58 Glen Echo	
d NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
107 Harvard Street	t	' 107 Harvard	Street YES NO NO
3 NAME OF First	Middle	Losi 4. DATE OF	Month Day Yeor
(Type or print) Lydia	E	tagan DEATH	NOV. 10 196/
5. SEX 6 COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AG	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS birthdoy) Months Days Hours Min
Female White W	IDOWED 🔀 DIVORCED 🔲	May 6, 1900	Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work dand during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Virginia	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Joseph Wear		Emma Wood	
15. WAS DECEASED EVER IN U. S. ARMED FORCES Yes, no, or unknown) (If yes, give war or date of service)		NFORMANT	Address
No		Jane Carter-daughte	er
18 CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c).]	1 - 1	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Hento m	socortiel Info	whom 3 mo.
420.1 DUE TO		, ,	l
Conditions, if ony, which) (b)	Conones	accusio	n 3 ho.
gove rise to immediate DUE TO		+ 0	1
lying couse lost (c)_	Coronsy	aveno - sa	leios glas
PART II. OTHER SIGNIFICANT CONDITION 70 ACCIDENT WAS UNDERLYING TO PEATH OR CONTRIBUTING CAUSE OF DEATH UT (IF EITHER, NOTIFY MEDICAL EXAMINER)	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO F
E 200 ACCIDENT WAS UNDERLYING 1 200	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Port II of	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
S 20c. TIME OF INJURY Month, Day, Year	4-	ACE OF INJURY (Home, form, 20f. (City or tow	vn) (County) (State
20c. TIME OF INJURY Month, Day, Year Hour o.m.	While Not while at wark at wark	ctory, street, office bldg., etc.)	
21 I certify that (I) (this haspital) a	ttended the deceased from	Jan 1959, to 1/	1-10, 196/, that (I) (we) las
saw the deceased alive an/L	1 - 1	death accurred at 4 12 M, from the c	
220 SIGNATURE	- 1		22b. DATE
1 1 .m. / ill	en 11.	M.D PHYS DIRECTOR PHY	YS. \ \ \ \ \ \ \ \ \ \ \ \ \
27c. PHYSICIAN'S NAME (Type)		22d ADDRESS	1. wash.16
R. M. T1.	Llèy	4701-mass. Hu	e.n.w. DC.
230 BURIAL, CREMATION, 236, DATE THEREOF	23c NAME OF CEMETERY O		City, town, or county) (State)
Buri al 11/13/61	l Parklawn Ce	emtery Rockvil	lle, Maryland
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
Robert A Pumphre	2 Rathards Mi	ervi and our nov 1 a '61	arthur S. Kraue

may.

DIRECTOR: After this certificate has been signed by the ottending physician and completely filteran by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. TO FULL VR A15 (4) 15M 9/5

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO HOS

taurs after death. Page 4



12797

Montgomery b. CITY OR TOWN (If autside carporale limits, wi RURAL and give nearest fawn)

d. NAME OF HOSPITAL (If not in hospital, give st

Kensington Gardens S

10g USUAL OCCUPATION (Give kind of work done Government employee

John D. Fellers WAS DECEASED EVER IN U. S. ARMED FORCES?

18. CAUSE OF DEATH | Enter only one couse ; PART I. DEATH WAS CAUSED BY:

Conditions, if any, which

gove rise to immediate

cause (o), stating the underlying cause lost.

20 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21 I certify that (I) (this hospital) at saw the deceased alive an.

20c TIME OF INJURY Month, Day, a m. p. m.

220 SIGNATURE

22c PHYSICIAN NAME (Type) 23a. BURIAL, CREMATION, 23b.

24 FUNERAL DIRECTOR'S SIGNATURE

Robert E

6. COLOR OR RACE

(If yes, cave wor or dates of service)

IMMEDIATE CAUSE (o)

PART II. OTHER SIGNIFICANT CONDITION

DUE TO

DUE TO

1. PLACE OF DEATH

NAME OF DECEASED

Male

S SEX

CATION

MEDICAL

(Type or print)

13. FATHER'S NAME

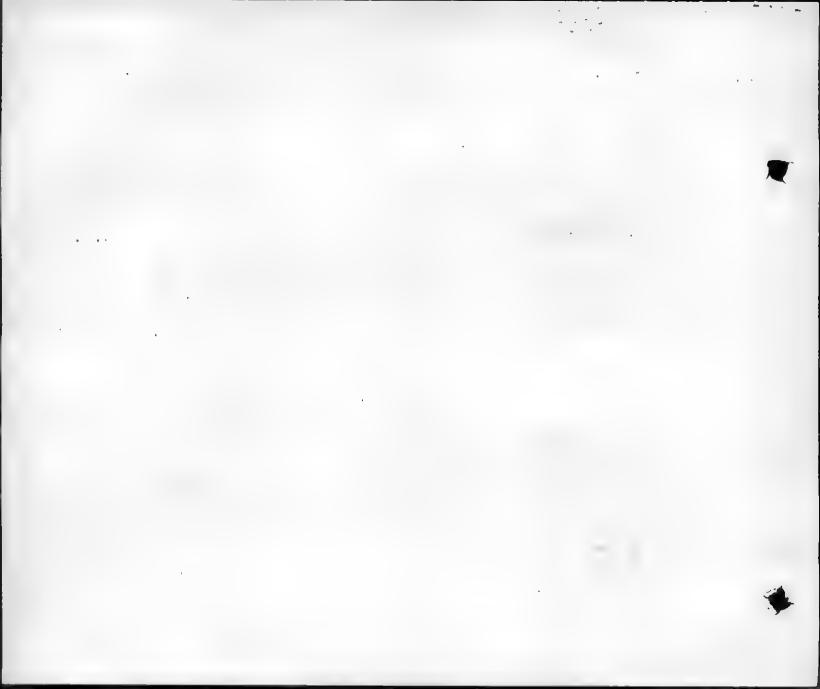
Kensington

OR INSTITUTION

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICA	ATE OF DEATH		19794		
MARYLAND	2 USUAL RESIDENCE (Where dece	h COUNTY -	the state of the s		
b limits, write c. LENGTH OF STAY IN 16	Wai yraid		viontgomery_		
c. LENGTH OF STATE IN TO		rporo e minis, wina kok	LI_ wi		
A. I 2 A I A 3	Kensington d. STREET ADDRESS		e. IS RESIDE	NICE	
tol, give street address)			ON A FA	RM7	
ens Sanitarium	10119 G restv		YES N	o ∏	
First Middle	Lost 4. DAT OF	E Manth	Day Yea		
ert E. Fellers	DEA	TH Novemb			
ACE 7. MARRIED 🔣 NEVER MARRIED 🗆		last birthday) A	JNDER 1 YEAR IF JNDER 2	Min	
WIDOWED DIVORCED	February 24, 18	392 69 yrs			
vork done 10b, KIND OF BUSINESS OR IND (tired)	OUSTRY 11. BIRTHPLACE (Stole or fareig	n country)	12. CITIZEN OF WHAT COU	INTRY?	
loyee	Maryland		U.S.		
	14. MOTHER'S MAIDEN NAME				
S	Katie E. Richa	rd			
FORCES? 16. SOCIAL SECURITY NO 17	. INFORMANT	Addres	5		
	GOSPITAL K	ECOR DS	-		
ne cause per line far (a), (b), and (c).]	- 1 it	1 .	INTERVAL BETWO		
ISE (0) Ceremal	vaccuso Un	moous	4-00	CR	
JE TO					
(b)					
IETO MARTINIO MARTINIO					
(c) ayer	Cost larvis	15-	1079	13,	
CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL D SI	EASE CONDITION GIVEN	PERFORM	ED5	
206 DESCRIBE HOW INTERV OCCUR	RED (Enter nature of injury in Parl I or	Port II of stem 18 \	TES [] F	10	
206. DESCRIBE HOW INJURY OCCUP	KED (Enter notice of injery in retri For	rail it of them toly			
	PLACE OF INJURY (Home, farm, 20f (factory, street, affice bldg., etc.)	City or town)	(County)	(State)	
19 at wark at wark	Tataly, strate, other brogs, ore)				
pital) attended the deceased fram	June 1059,	NOV. 5.	, 196/, that (I) (we	i last	
	death accurred at HM, fro				
1 A TOTAL TOTAL	deall occorred at 5,21 m, ne	in the educes and	22b.0	ATE	
uboef	M.D PHYS DIRECTOR	STAFF PHYS .	11/5/6/ 5	IGNED	
Aschenbach	22d. ADDRESS 1841 CC	1. Rd.	N, W MES	h.Do	
	A	CATION (City, town, or			
8-61 FT. LINCO	OLN CEM, W.	951111674	N DIC	-	
ADDRESS	72 4- 250. REC'D BY REC	GISTRAR 256, REGIST	RAR'S SIGNATURE		
2 Home 48/2.	DATE NOV 1 6	نامن)	hur S. Hines		

in any event, within 72 hours after death. pub ISM 9/59



ours after death. Page 4

TO MOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

the attending physician and campletely five 5 in by the funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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 ж.	4	: Æ.	4	ъ.	3
 _	-	-	244	_	

		PLACE OF DEATH 2. U	ISUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
П	0	o. COUNTY MARYLAND O	b. COUNTY Ment.
	b	b. CITY OR TOWN, (if outside exprodrote limits, write c LENGTH OF STAY IN 1b RURAL and give nearest town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		130 Thesda Ing 5min	1025hington 16, J.C.
	d		d. STREET ADDRESS I. IS RESIDENCE ON A FARM?
-0		or INSTITUTION 57 u burban. 6	304-11/2,5 Aue. 1, W. YES NO
		NAME OF First, Middle	Last 4. DATE Month Day Year
		OFCEASED (Type or print) (I chard Francis.	Field DEATH NOVEMber 7 1961
	5. S		TE OF BIRTH 9 AGE (in years FUNDER 1 YEAR IF UNDER 24 HRS log big) day Months Days Hours Min.
	/	172/E WHITE WIDOWED DIVORCED 72	60.13,1896 64 yrs
	10a	Do USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of wooking life, even if retired)	11. BIRTHPLACE (Stote or Greign country) 12 CITIZEN OF WHAT COUNTRY
	<	Clark and stores.	7/000 Hampshere U.J. H.
	13. F	3. FATHER'S NAME	MOTHER'S MAIDEN NAME
	0	John t. Field.	Wherener Dufliver
		S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM	MANT , a sug, pt 201/14588, 1/2000
	-	1/c5 /1/01/d War 51807-1733 C	atherine Whitefrank Stive
		8. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)-	ID TO YAKE THE ENT
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	ocardial Interction 3his
)ı/ DUE TO	
		Conditions, if any, which) (b) (Oroher7)	Avtory Ocalusten 32
		gove rise to immediate Dus To	4 60
		lying couse lost.	ley selevision sym
	8	PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AJTOPSY PERFORMED?
)	CERTIFICATION	Hypertonsi	YES NO
	TIE	200 ACCIDENT WAS UNDERLYING [] 206 DESCRIBE HOW INJURY OCCURRED. (En	ter nature of injury in Port ! or Port II of item 18)
	CER	OR CONTRIBUTING ET CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	₹ Z	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE C	DF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	MEDICAL	Hour a.m. 19 While Nor white toctory, of work of work	street, office bldg., etc.)
		21 I certify that (I) (this haspital) attended the deceased fram.	1976 ta 7 200, 1961, that (1) (we) last
		saw the deceased alive an 6 kgu 1861, and that death	7/6
		220. SIGNATURE	and Son-in-law 226, DATE
		Markon J. While M.D.	ATTENDING MED STAFF SIGNED PHYS DIRECTOR PHYS D
		22c. PHYSICIAN'S	22d. ADDRESS
		NAME (Type) Merton L. White	11/34 GBOY9 a Are Silver 1974/1d
		30 BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CRE	MATORY 23d LOCATION (City, town, or county) (Store)
	B	Burlai 11/10/61 Gate of Heave	n Cem. Silver Spring, Maryland
	24	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	R	Robert A. Pumphrey, Bethesda, Maryl	and DATE O'61 Chimes & thous

may. To FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely fives page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours ofter death.

VR A1S (4) 15M 9/59

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND **CERTIFICATE OF DEATH** director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) n COUNTY a. STATE b. COUNTY MARKERNE Montgomery c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) ofter death. funeral u.d be fi C TY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest fown) ONTS Bethesda Thesda d. STREET ADDRESS e. IS RESIDENCE d, NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? OR INSTITUTION NO [27 uhunhan and c NAME OF 4. DATE First Middle Month Day Year Lost OF DEATH DECEASED 196 Type or print) within 72 hours after death 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 7. MARRIED NEVER MARRIED campletely lost birthday) Months Doys 30 WORCED WIDOWED papers. 12. CITIZEN OF WHAT COUNTRY? 10g. USUAL OCCUPATION (Give bind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during masy of warking life, even if retired) and pou 14. MOTHER'S MAIDEN MAME 13. FATHER'S NAME g physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [1/61, no. of unknown] | 16 yes, give wor or dotte of service] гета 17. INFORMANT Address event, Abore attending please any INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one couse per figne for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: Ë IMMEDIATE CAUSE (a) oug the **DUE TO** á permit. Canditions, if any, which (b) has been signed gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. **burial-transit** (c) Б PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cremation, PERFORMED? YES NO attending 20a. ACCIDENT WAS UNDERLYING IN OR CONTRIBUTING IN CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) He (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Б a m. While Not while After this ot work at work p. m. by the haspital 21. I certify that (I) (this hospital) attended the deceased from. M. fram the causes and on the date stated above saw the deceased alive an and that death occurred at DIRECTOR: 22b, DATE 22a SIGNATURE SIGNED ATTENDING PHYS STAFF PHYS DIRECTOR ... PHYSICIAN" 22d. ADDRESS should NAME (Type) 11700 BRADLEY BIND. page 3 the State BUR AL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) FUZ REMOVAL (Specify) HOSPITAL CREMATION 9 ADDRESS ON GEORGETOWN DO REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE BETHESDA. VR A1S (4) DATENOV Wirthing & the 15M 9/59



BEALTH BEPT TO CUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death by delay is necessary, please execute the certificate, writing the word "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the increal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Phalith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12500 MEDICAL EXAMINER'S CERTIFICATE OF DEATH12787

I -	
1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
	Monlyomery MARYLAND . STATE med 6. COUNTY mon Co
	b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits write RURAL and give referent town)
	wrightend give freerest lown)
	Chevry Chase s ju Chevy Chase
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, g.ve stell eddress) o. IS RESIDENCE ON A FARM?
	3515 Gleumour Rd 2515 Thumon YES NOV
3.	NAME OF FIRST Middle Last 14 DATE Month Day Year
	DECEASED OF
-	(Type or print) trederick Coleman Fishback DEATH MV 74 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers I F UNDER 1 YEAR IF UNDER 24 HRS.
	male white WIDOWED 10-7-98 63 yrs. Months Doys Hours Min.
10:	District Annual Control of the Contr
do	1. USDAL OCCUYATION (G've kind of work ne during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country)
	tolorsicum n.S. C.
13.	GATHER'S NAME 14. MOTHER'S MAIDEN NAME
1.	And A Transfer to the state of
15	Ficheriele L. Fish back Mable Coleman Address 16. SOCIAL SECURITY NO. 17. INFORMANT Address
{Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, no, or unkown] [(flyesgivewerordeles of service)]
	Kathleen terthand - Ilin 2
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
	PART & DEATH WAS CAUSED BY,
	IMMEDIATE CAUSE (a) Cormany actuern sudden
	DUE TO
	Canditions, if eny, which (b)
	gave rise to immediate cause DUE TO
	(e), stering the uncertying
-	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0) 19, WAS AUTOPSY PERFORMED?
13	YES NO F
	20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Pert f or Pert II of item 18.)
CERTIF	PRIMARY Or CONTRIBUTING C
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or fown) (County) Hour e.m. While Not While Sectory, street, office bldg., etc.)
ME	p.m. 19 et work et work
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and in my opinion
	,
	CHIEF MEDICAL EXAMINER
	SIGNATURE MANA LA TONNELLE MAD. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEPUTY MEDICAL EXAMINER [] //- 3 4/ //
	NAME (Type) FRANK J. BOOSCHALL Address (Street, city, town, or county)
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) (State)
	REMOVAL (Specify)
L_C	remation 22/20/01 Todai Mill
23.	TUNITATURE 1756 Pa. Ave. N. N. RICULO 9 151
	Joseph Gawler's Sons Wash. D. C. No. No. NOV 28'61 Cithur & Hans



	74	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
F F P	marine.	12801 CERTIFICATE OF DEATH
funer shoul	M	1. FLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Allegany Co
hour nd 2 nd 2 eath.		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
in 24 d in by es 1 a	75	write RURAL and give nearest town) Talsona Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) o. 15 RESIDENCE
with y fille Pag ours	100	Washington Senitarium and Hospital 47 LaVale Blud, YES NO W
cred poers 72 h	1	3. NAME OF Last Last A. DATÉ Month Day Year OF
Com Poor	1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
n and e cart ent, v		Male white widowed Divorced April 29, 1885 76 yrs. Months Days Hours Min. 108. USJAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Steele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ysicia emov		done during most of working life, even if retired)
ath ce ng ph sase r		13 FATHER'S MAIDEN NAME
fendir fendir fendir fendir fendir fendir fendir fendir fendir fendir		David Fisher 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
hat the interpretation in the interpretation		No Unknown Washington Sanitarium an Hospital Record
sician d by permit		PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) Cerebra Hemory 1/49 e Part I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) Cerebra Hemory 1/49 e Part I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) Cerebra Hemory 1/49 e Part I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) Cerebra Hemory 1/49 e Part I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (b) Cerebra Hemory 1/49 e Part I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (b) Cerebra Hemory 1/49 e Part I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (b) Cerebra Hemory 1/49 e Part I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (b) Cerebra Hemory 1/49 e Part I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (b) Cerebra Hemory 1/49 e Part I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (b) Cerebra Hemory 1/49 e Part I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (b) Cerebra Hemory 1/49 e Part I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (b) Cerebra Hemory 1/49 e Part I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (b) Cerebra Hemory 1/49 e Part I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (b) Cerebra Hemory 1/49 e Part II DEATH WAS CAUSED BY: [MMEDIATE CAUSE (b) Cerebra Hemory 1/49 e Part II DEATH WAS CAUSED BY: [MMEDIATE CAUSE (b) Cerebra Hemory 1/49 e Part II DEATH WAS CAUSED BY: [MMEDIATE CAUSE (b) Cerebra Hemory 1/49 e Part II DEATH WAS CAUSED BY: [MMEDIATE CAUSE (b) Cerebra Hemory 1/49 e Part II DEATH WAS CAUSED BY: [MMEDIATE CAUSE (b) Cerebra Hemory 1/49 e Part II DEATH WAS CAUSED BY: [MMEDIATE BY: [MMEDIATE CAUSED BY: [MMEDIATE B
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anding been rial-tr		Conditions, if any, which governs the mediate cause of the mediate cause
or afformation he but	(cause last. (c)
CIAN pital of ficate s as the		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? YES NO FINANCIAL PROPERTY OF THE
PHYSI the hos this cert of for use		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
NDING ined by t. After detached		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stata) Hour a.m. Whila Not While et work at work at work
ATTEN e rela CTOR Id be		21. I certify that (I) (this hospital) attended the deceased from
OR 7 on ay b SIRE shoul		226 AIGNATURE 22b. DATE
FAL IAL I	1	Jenge B. Patrick M. D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 11-28-61
SPI Par JNER Tor, Pi	'	NAME (Type) George B. PATVICK, Trul 9221 Colesville Silver Spring, Md
direct Fill	0	23a. BURIAL, CREMATION, 23b. DAT THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stele) REMOVAL (Specify) Bur-Transit 12//61 Sunset Mem. Cemetery Cumberland Maryland
VR A15 (4)	0.	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
15M 9/60	O	Robert A. Pumphrey, Bethesda, Maryland DATE 1 161 Carling & Hanne

MARYLAND STATE DEPARTMENT OF HEALTH

FIGURITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be experted whim are more of the page 4 may be retained by the hospital or attending physician.

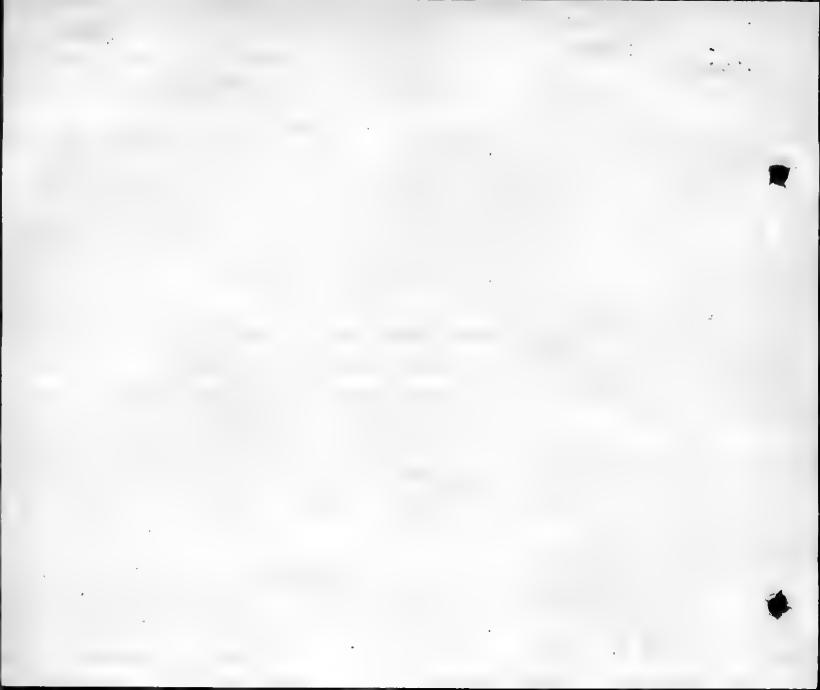
* SNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	12802	CERTIFICAT	TE OF DE	ATH	17	6783
V.	PLACE OF DEATH		2. USUAL RES	IDENCE (Whare decaesa	d lived, If institution: Ras	dence bafore admission)
1	MONTGOMERY	MARYLAND		DUALYRA		TEOMERY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16		OWN (If outside corporate	limits, write RURAL and g	ive natizat town)
_	BETHESDA	20 YEARS		THESDA		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 4603 HARLING LA	, give straat eddress)	d. STREET ADI		CLONE	IS RESIDENCE ON A FARM?
-5	MAME OF WARLING LA	IV L				YES NO
3.	DECEASED TENNIE	Middle	last	4. DATE OF	Month C	Dey Yaar
Ļ	CEV	,	FOGG	DEATH	11 J	19 6 / AR IF UNDER 24 HRS.
1 3.	F	J. C. P. P. C. P. C. P. C. P. C. P. P. P. C. P. P. P. C. P.	DEC. 9		E (In years IF UNDER 1 YE birthday) Months Day	The second secon
10	Da. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS OR INDUSTR		(County & State, or foreign	yrs.	N OF WHAT COUNTRY?
ď	one during most of working Irla, aven if retitad)	OF BOSINESS OF INDOSER				USA
12	HOUSEWIFE		14. MOTHER'S MA		NTARIO	0011
'	THOMAS DUNK		_		THOM PSO	1.
15		CIAL SECURITY NO. 17.	. , ,	HOGHTER	THOM PSO	7
	(ex, no, pr unkown) (Hyasgivawarordalasofsarvica)			CONDRON	4603 NA	Bring rune
	18. CAUSE OF DEATH [Enter only one cause par line			OCH DION	डिमार्ग हो	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONCHIAL	PNEIL	MONIA		ONSET AND DEATH
		O HIVE THE PERSON OF THE PERSO	. 10 10 01	1014111	1	-2 conts
	Conditions, if any, which	REBROUL	BSCULA	R ACCID	TIME	11 days
	gava risa to immadiata causa		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	1.
		ERIOSCLERO	S(5 . C)	EREBRAL 4	GENERALIS	CED YEARS
I z	PART II. OTHER S GNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NO), 19. WAS AUTOPSY
ATION						YES NO
TEL		BE HOW INJURY OCCURED	. (Enter nature of ini	ury in Part 1 or Part II of its	m 1B.)	
CERTIF	OR CONTRIBUTING CAUSE OF DEATH					
3			CE OF INJURY (Hom		wn) (County) (Slata)
WED	Hour s.m. While af work	1 101 111111	ory, street, office bid	g., arc.)		
ľ	21. I certify that (I) (Ilio hespital) attended	the deceased from	JUNE	1957 to NC	V 17 196/	., that (I) (we) last
	saw the deceased alive on NOV 15	19.6.1., and that	death occured	at. 90.M, from the	causes and on the	date stated above;
	22a. SIGNATURE	0	ATTENDING_	-	AFF (4)	226. DATE SIGNED
	1660 y toos	Me M	.D. PHYS.	DIRECTOR PH	YS. 🗆	7 6 3101103
	NAME (TYPE) PORFRY N. C	ORLE	22d. ADDRES	BRADLEY	1 ANE OHE	VY CHASE
_			7741			MD (Stata)
23		orest Home	all the same of th		N (City, fown of county)	
					t Park, Il	
	ROBERT A. PUMPHREY	Bethesda.	Md.	a, REC'D BY REGISTRAR	ZDD. REGISTRAR'S SIG	NATURE
L	CODDICT A. LOUITINGS		DA	TE NOV 2 2 '61	1	Thurs

OH VR A15 (4) 15M 7/61

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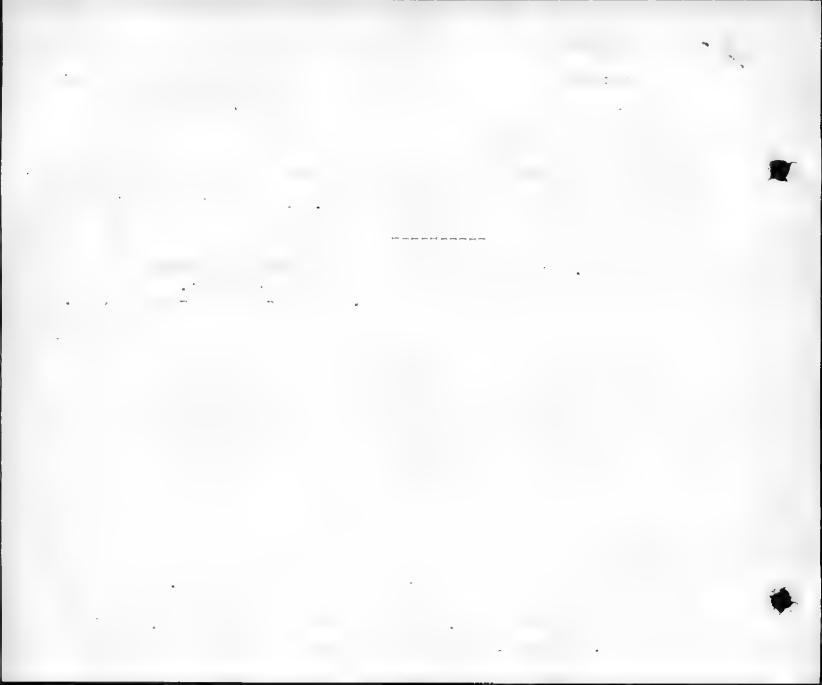


12803CERTIFICATE OF DEATH Reg. Dist. No.273 director, 1. PLACE OF DEATH /A DRIVE 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Filed Filed **b.** COUNTY MARYLAND MONTCOMER b CITY OR TOWN (If outside corporate limits, write RURAL and give nearlest town) **Funeral** c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negres) town) should be d. NAME OF HOSPITAL (If not in hospital, give street address d STREET ADDRESS . IS RESIDENCE ON A FARM? YES | NO [NAME OF First Middle 4/DATE Month Day Year OF DEATH NOUZMBER ELIZABETH DESSIE (Type or print) 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9, AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days DIVORCED | WIDOWED [10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 112 BIRTHPLACE ISlate or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY ercinomatosis generalizED IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? nemia, SECONDARY, Severe YES NO | 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not while at work at work 21. I certify that I attended the deceased from 1958 . 19 Lithat I last saw the deceased , and that death occurred at 5:30PM, from the causes and an the date stated above. PHYSICIAN'S SAMUE 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CEERINGOR (State) 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1 1 1	_		<u> </u>				Keg. Dist_Evener # 47 =
41)	1,	PLACE OF DEATH			2. USUAL RESIDENCE (W		ion: Residence before admission)
			tgomery	MARYLAND	Mary	land b. COUNTY	Montgomery
		b CITY OR TOWN (RURAL and give n	if autside corporate limits, wri	te c LENGTH OF STAY IN 16		autside corporate limits, write	
a.		Ednor	eurest tuwitj		Rock	ville	
-1 1			TAL (If not in haspital, give st	eet address)	d. STREET ADDRESS		e. IS RESIDENCE
10			nt Nursing H	Iome	None		ON A FARM?
	3.	NAME OF	Fig)	Middle	Last	4. DATE Mo	nth Day Year
		(Type or print)	Marie	a A	Gardiner	OF	vember 14 19 61
	S.	SEX	6. COLOR OR RACE 7. N		B. DATE OF BIRTH	9. AGE (In years	
	.	Female		DWED 📆 DIVORCED 📋	Sept. 4.	1869 Sost birthday)	Months Dogs Hours Min.
	-	USUAL OCCUPATE	ON (Give kind of work done)	106. KIND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNTRY
		Housewi	king life, even if retired)		Marvla		USA
	13	. FATHER'S NAME	10		14. MOTHER'S MAIDEN		- WA
-		Coone	a W Rotzlan			monia Candle	222
(T)	15		E W. Bowlen	16. SOCIAL SECURITY NO.			dress
	(Y	es, no, or unknown)	(If yes, give war or dates of service)		NFORMANT7902 K	reeger pr -daughter-Ac	
	F	NO			rs. Buttell	= caugnter → Ac	
			ATH [Enter only one cause po ATH WAS CAUSED BY:	er line for (a), (b), and (c).			ONSET AND DEATH
		I AKI I, DEA	IMMEDIATE CAUSE (a)	+ neumon	u.		2 in K3
		332)	DUE TO	e 0 0	10	1 .	
		Conditions, if o		Chebral	Thron	wasen	ma
		gave rise to i		20	1	1110	C 11
n in		tying couse last) (c)	" Therosci	lions,	Can tred	sevi you
U	ON		HER SIGNIFICANT CONDITION	NS CONTRIBLTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
	S						YES NO
	2112 2112	20a ACCIDENT WA	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Part 1 or Port II of Item 18.)	1
	CERT	(IF EITHER, NOTIFY	MEDICAL EXAMINER)				
	3	20c TIME OF INJUR	RY Month, Doy, Year 20		ACE OF INJURY (Home, far		(County) (Stot
	WED	Hour a.m.		work of wark	ctory, street, office bldg , et	c)	
	-			1 1 1	11 2011.	11/14/ 1/1	
			nat I attended the dec		a, 19e, lo		that I last saw the decease
		alive on		Z/, and that death	occurred atA		nd an the date stated abov
		ACTUAL	70	1100 0	10.0	ADDRESS (Street, city or lawn	, stote) DATE SIGNI
		SIGNATURE	- Dreck	nicou	M.D. (0620	Georgia	Une, 2.2. 144"
		PHYSICIAN'S	1062 A DOL	neld Nelson	10620 0	eorgie Ave	Silver Spring
	L	NAME (Type)		TCTA METOOU	10020 0		
	22	 BURIAL, CREMATIC REMOVA, (Specify) 	DN, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	or county) (State)
0	L	Burlal	11/16/61	St. Marys (Barnesville	
Cold	23	FUNERAL DIRECTOR		ADDRESS			ISTRAR'S SIGNATURE
311		Robert A	A. Pumphrey	, Bethesda, Ma	Try Land DATENO	V 16'61 0.	Chur S. Kraus

L OR ATTENDING PHYSICIAN: The law anied by the hospital or otherwing physical DIRECTOR: After this certificate has hear VS AIS 15M 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH TATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item 200 Firm GC44 +1/0/61 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission) COUNTY a. STATE b. COUNTY Montgomery Virginia MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN In outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest lown), 10 days Falls Church Bethesda (Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARMIN U. S. Naval Hospital 1624 Hickory Hill YES NO T Road NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH Minnie Male Getts 19 61 November 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In yeers | IF JNDER T YEAR' last birthday) Months Fema.le WIDOWED [DIVORCED Caucasian August 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marshall Ward Sarah Mercer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) | (Hyes give wer or dates of service) HUSBAND: Robert H. Getts, same as #2 Unknovn 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c). INTÉRVAL BETWEEN the wills ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate cause **DUE TO** (e), sleting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO 🗔 200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 2De PLACE OF INJURY (Home, farm, 1 (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED ! 20f. (City or lown) factory, street, office bldg., etc.) Hour a.m. While Not While et work al work D.m. 21. I certify that # (this hospital) attended the deceased from October 23 1961 to November 1 19 Ol that X) (we) last saw the deceased alive on November and that death occured at ... 5 M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE ATTENDING SIGNED will DIRECTOR PHYS. November 2. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) WILLIAM P. URSHEL LT MC USN U. J. Naval Hospital. Bethesda, Maryland 23s. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown of county) REMOVAL (Specify) Arlington National Arlington, Virginia

Va..

ADDRESS.

uneral Home, 3901N. Fairfax Dr., Arlington

25s. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

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death.

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LAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1, MARYLAND** MEDICAL EXAMINER'S CERTIFICATE FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) . COUNTY Page . Slatt Maryland b. COUNTY funeral director. Page Montgomerv Montgomerv MARYLAND b. CITY OR TOWN (if autside corporate limits, a. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? Takoma Park days Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give strael address) . IS RESIDENCE d. STREET ADDRESS Boar ON A FARM? be retained to the State By Washington Sanitarium and Hospital 638 Ritchie Avenue YES NO X 3. NAME OF DATE Year DECEASED OF LOUIS (Type or print) Gibson DEATH 19 after death nd 3 to 1 with 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR ! IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED X AGE (In years may last birthday] Deys pue Hours male white WIDOWED [DIYORCED 10a. USUAL OCCUPATION (Give kind of work ψË 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Give Pages 1.2, orm PM3. Page ... File pages 1 and 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) unemployed Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within 24 Thomas Gibson Eleanor Barrett event in pencil in Item 18, Giv Office along with form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. ENFORMANT Address permit. (Yes, no, or unkown) ! (Ifyes give wer or detes of service) Hospital recrods Examiner's Office along with 18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), and (c) 도 INFARCTION, TT. OCCIPITAL SUBSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Pug IMMEDIATE CAUSE (+) removal ONARY AND CEREBRAL EDEMA BDAYS "pending" gave rise to Immediate cause æ **DUE TO** (e), stating the underlying 20 ö nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)] 19, WAS AUTORSY CERTIFICATION PERFORMED? 2 execute the certificate, writing the word ifd be forwarded to the Chief Medical E pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. ute the common to the Chief of forwarded to the Chief AL DIRECTOR: Page 3 m MEDICAL 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While et work st work 21. I certify that I took charge of the remains described above, held an Autopsy 126. Inspection Inqu'ry and in my opinion Accident Natural causes Suicide [Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Frank J. Broschart, Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele) REMOVAL (Specify) \$ 0 P Burial 11-24-61 St. Louis Clarksville . Mi 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME F.C. Higinbothom, Ellicott City, Md DATE NOV 2 4 '61 5M 9/60 arthur & Krous



Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (if ours de corporate limits, write RURAL and dive negrest town S RESIDENCE ON A FARM? YES NO K NOVEMBER 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Days 12. CITIZEN OF WHAT COUNTRY? 9501-DALLAS AVE, SS-MD INTERVAL BETWEEN ONSEL AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO I (County) (State) ___, and that death accurred at 310 AM, from the causes and an the date stated above ADDRESS (Street, city or town, state) 7600-CARROLL AVE. TAK.PX.MD 22d. LOCATION (City, town, or county) NOV 28-1961 NATIONAL CAPITAL HEB. CEH. WASHINGTON BURIAL N.W. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE DANZANSKY +SONG - 3501-14 CKSr.



funeral within 24 hours after 12 P <u>ک</u> filled in t hours after Pages etely carbon and physician please law requires that the death then please DIRECTOR: After this certificate 3 should be detached for use as the ō SNERAL

> VR A1S (4) 1SM 7,61

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution, Residence before edmission) a. COUNTY a. STATE b. COUNTY Montgomery Towa. MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest lown) Bethesda (Rural 191 days Keokuk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS Naval Hospital 701 Franklin NAME OF 4. DATE Month DECEASED OP (Type or print) DEATH Gildersleeve Rugene November 8 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In Years LIF UNDER LYEAR IF UNDER 24 HRS. last buthday) Months WIDOWED T DIVORCED Caucasian 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Foreign Service Officer Diplomat Lowa USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Homer Gildersleeve Mary Anna State 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yes give war or detes of service) Yes WIFE: Ellia L. Gildersleeve, Same as #2 18. CAUSE OF PEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO (b) geve rise to immediate cause DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Pert II of item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stelle) factory, street, office bldg., etc.) Not While Hour a.m. at work et work 22e. SIGNATURE 22b. DATE SIGNED PHYS. DIRECTOR PHYS. November 9, 1961 22c. PHYSICIAN S

23a. BURIAL, CREMATION. + 23b. DATE THEREOF REMOVAL (Specify)
Burial

NAME (Type)

WED

23c. NAME OF CEMETERY OR CREMATORY

U. S. Naval Hospital, Bethesda, Md. 23d. LOCATION (City, town or county)

> Keokuk, Iowa 25a REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

SIGNATURE

ADDRESS Bethesda, Maryland

DATE NOV 1 5 '61

arilary & Krous



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Montgomeri MARYLAND Montgemery OR TOWN (If outs de corporate limits, write RURAL and give nearest town b. C.TY OR TOWN (# outside corporate smits, E. LENGTH OF STAY IN 16 write RURAL and give nagrest town lakoma e. IS RES DENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) ON A FARM? NAME OF 4. DATE OF [Type or print] DEATH AGE (In years | IF UNDER 1 YEAR IF JNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED N DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work I 12. CITIZEN OF done during most of working lifenovan if retired) House wit 13. FATHER'S NAME please aftending pue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then (Yas, no, or unkown) (Ifyasg (a), (b), and (c)) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** Conditions, if any, which gava risa to immediate causa **DUE TO** (a), stating the undarlying PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(18) 19. WAS AUTOPSY PERFORMED? NO 🗗 208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of Item 18.) Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY factory, streat, office bidg., atc.) Not While While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from ... ! 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D. PHYTICIAN 22d, ADDRESS 22c. OR CREMATORY 23 d. (City, town or county) 0 VR A15 (4)

LARYLAND STATE DEPARTMENT OF HEALTH



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral and 2 should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yed, if institution; e. COUNTY b. COUNTY HOW ZY MARYLAND death. b. CITY OR TOWN (if outs de corpérete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete amils, write RURAL and give necrest town) Ď. write RURAL and give neerest town Filled in b Pages 1 a d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street eddress) 3. NAME OF DECEASED DEATH (Type or print) AGE (In yeers IF UNDER 1 YEAR | IF JNDER 24 HRS. 5 SFX NEVER MARRIED lest birthdey), Months WIDOWED [7] DIVORCED 10e. JSUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attendin | 1 Hacker and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM Address oval, (Yes, no, or unkown) [If yes give we rar detes of service) 18. CAUSE OF DEATH [Enter only one cause per luge for (e), (b), and (c) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (e) DUE TO geve rise to Immediate cause DUE TO (e), stating the underlying couse last. the PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH Sign 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20e, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Not While factory, street, office bldg., etc.) Hour e.m. While et work et work p.m. 2 - 19.6. that (I) (we) last 21. I certify that (t) (this hospital) attended the deceased from. should saw the deceased alive on. 22e. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S

director, be filed 0 VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY

23e. BURIAL, CREMATION, 1 23b. DATE THEREOF

11-13-61

ADDRESS Bethesda, Md.

NAME OF CEMETERY OR CREMATORY

Cunningham Mem. Park

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATENOV 1 6 '61 Cirthur S. Hours

St.

23d. LOCATION (City, town or county)

Albans.

a. IS RES DENCE ON A FARM? YES NO

Yee.

19

INTERVAL BETWEEN ONSET AND DEATH

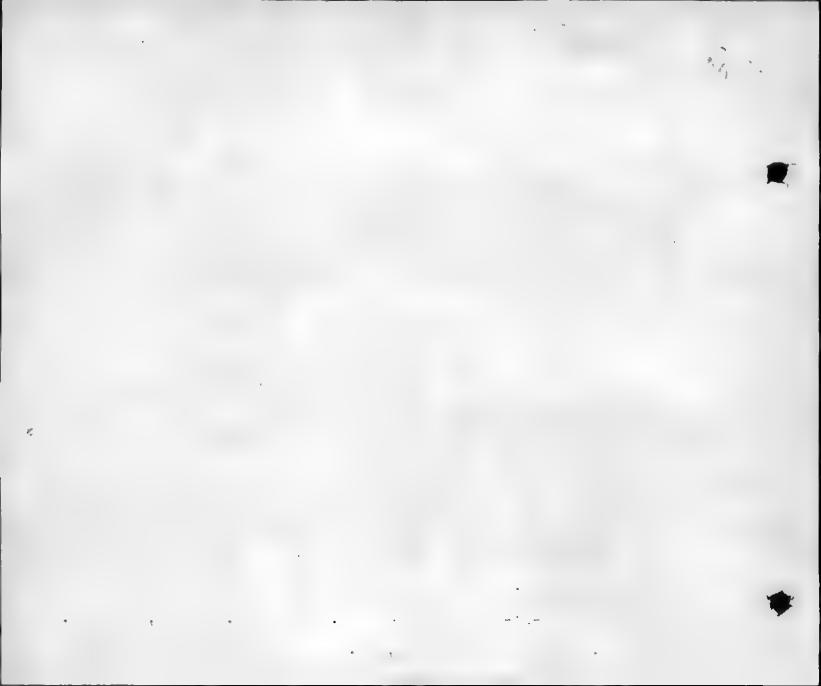
> WAS AUTOPSY PERFORMED?

(County)

NO

(Stete)

226. DATE SIGNED



MARYLAND STATE DEPARTMENT OF HEALTH....RALTIMORE 18

	12811	CERTIFICA	ATE OF DEATH	1	imoke, i	D Di	127	208
	PLACE OF DEATH a COUNTY		2. USUAL RESIDENCE (WI	nere deceased	d lived. If instituti	an- Residen	ce befare o	odmission)
	MONTGOMERY	MARYLAND	o. STATE MARYL	AND	b. COUNTY	MONT	GOME.	RY /
	b. CITY OR TOWN (If autside carporate timits, write RURAL and give nearest town) BET FESDA	c. LENGTH OF STAY IN 1b	BETHESDA	utside carpo	rote limits, write R	URAL and g	give neares	t town)
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS 4800 CHEV	Y CHA	SE DRIV	E		IS RESIDENCE ON A FARM? 'ES NO
3.	NAME OF First	Middle	Lost	4. DATE	Mon	th	Day	Year
	OECEASED (Type or print) DR MATIRICE	Α.	GOLDBERG	OF DEATH	Nov.	8.	1961	. 19
5.	SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B DATE OF BIRTH		9 AGE (In years	IF UNDER	1 YEAR IF	UNDER 24 HR
	MALE WHITE WIDOW		FEB. 29,190		lost birthdoy) 57 yrs.	Months	Doys H	lours Min.
100	. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU				12 CITI	ZEN OF W	HAT COUNTR
	during most of working life, even if retired) DENTIST		MINNESOT	Α			USA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N				~ ~~	-
S	AMITEL GOLDBERG		ESTHER 1	BELLE	WILNER			
	to the state of th		NFORMANT		28	ÖO C	hevv	Chas
L	NO 5	28-44-1695 MI	RS. RUTH M.	GOLD	BERG Dr	- Be	thl.	Md.
	18. CAUSE OF DEATH [Enter only one cause per li	ne far (a), (b), and (c).	-	1	. ,	,,	INTERV	AL BETWEEN
	PART J. DEATH WAS CAUSED BY:	ute l'oro	nary Occi	4500	N		11	TMED
	1 2 (1, () DUE TO 1	1	1/ 1/	, 7				
	Conditions if ony, which) (b)	terio seler	rotic Hear	+ 1	1130010			eurs
	gove rise to immediate Cause (a), stating the under-	•						
_	lying couse last. (c)							
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASI	E CONDITION GIV	'EN IN PAR	1	WAS AUTOPS PERFORMEDS ES NO
CERT FI	20g. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Part I or Pari	t II of item 18.)			
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. II Haur a. m. 19 While at wor	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc		or town)	(C	County)	(Stot
	21. I certify that Lattended the deceas	ed from	1942, to 11	1/8	, 19 <i>G</i> d	that I la	st saw t	he decease
	alive an ///6		accurred at \$30 /	M, fram				
	71)	121						DATE CICAL

de Cantor

4709 Montgomery Lane, Beth.

PHYSICIAN'S NAME (Type) Dr. Paul D. Cantor

Danzansky & Sons

220. BUR AL, CREMATION. 22b. DATE THEREOF BURIAL 11-10-61

22c. NAME OF CEMETERY OR-EREMATORY Parklawn Cemeterv

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

Bernard

ADDRESS

Rockville Maryland
By REGISTRAR 246. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR 3501 14th St. NWDATE NOV 1 3 '61

Cathur S. Kines

moy retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the remayal, and page 3 should be detached for use as the burial-transit the registrar prior ta burial,

in by the funeral director, and 2 shauld be filed with

the attending physician and completely Kne. Then please remove carbon papers. Pages

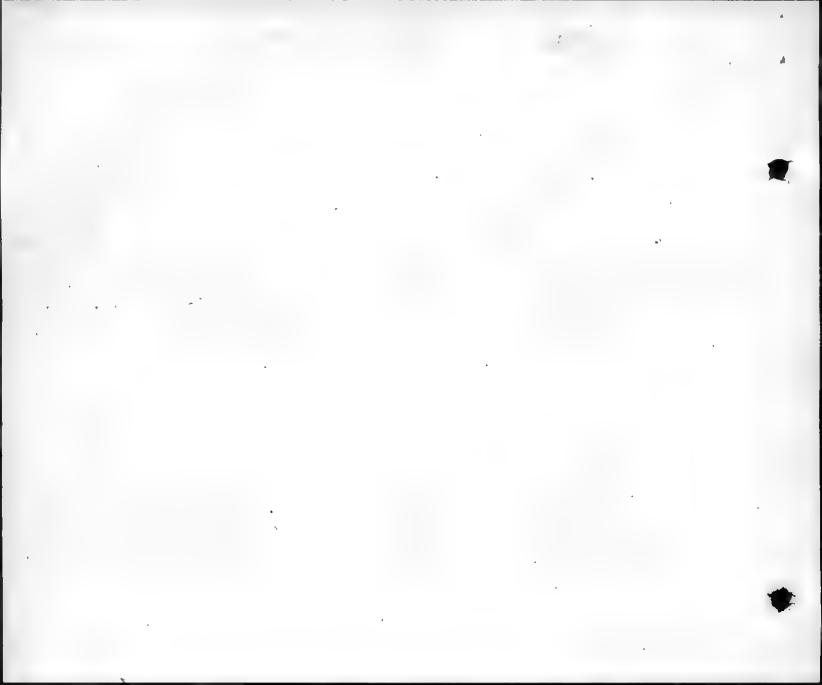
permit.

within 72 haurs ofter death

OR ATTENBING PHYSICIAN: The law requires that the death certificate be executed within

whours ofter death. Page

TO HO VS A15 (4) 15M 9/58



V\$ A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12812 CERT

CERTIFICATE OF DEATH

Rep. PHONG

1 PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
montgomery MARYLAND	O. STATE MARGARIO 6. COUNTY MONTECHERY				
b CITY OR TOWN (If autside carporate limits, write) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town)				
RURAL and give nearest town) 2:10er 3pring Md. 4 KZEKS	27 WHEATON				
d. NAME OF HOSPITAL (IV not in haspital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE				
Del Pre Narsing Home	12018 MILTON STREE YES NOW				
3. NAME OF First Middle	Greatore & 4. DATE Month Day Year				
(Type or print) Frank Heary	OFEATORE OF DEATH NOVember 24 1961				
5. SEX / 16. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS				
Male white WIDOWED DIVORCED	Det. 3, 1892 lost bigthdoy) Months Days Hours Min				
10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL during most af working life; eyen if refired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Gaard- LETIRED D.C. GOVT.	Shelton, Conn. U. S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
MILLIAM GREATCREX	MARY KOBINSON				
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO	INFORMANT Address				
578-14-0765	EAN IN RISSINGER - SAME AS ALL				
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH				
DUE TO	Ö				
(Canditions, if ony, which) (b) Could ran	and I Prome				
gove rise to immediate couse (a), stating the under DUE TO					
lying couse last. (c)					
/ (4)					
PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH					
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRIOR CONTRIBUTING CAUSE OF DEATH	D (Enter nature of injury in Part I or Part II of item 18.)				
	ACE OF INJURY (Home, farm, 20f (City or town) (County) (State)				
Hour o. m. While Not while p. m. 19 of wark of wark	ctory, street, office bldg., etc.)				
21. I certify that I attended the deceased from 2012 30	, 19.61, to , 2 m. 44., 19.61, that I last saw the deceased				
, , , , , , , , , , , , , , , , , , ,	occurred at 9 100 PM, from the couses and on the date stated above.				
, , , , , , , , , , , , , , , , , , , ,	ADDRESS (Street, city or town, state) DATE SIGNED				
SIGNATURE SIGNATURE	MD. 3701 Leland ST				
PHYSICIAN'S 3					
NAME (Type) J. R. Raady	Chery Chare in Md				
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C					
Burief 11-28-61 mt Ching	ternetery Musking long XX				
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
3821-145/hu	DATE NOV 27'61 Calun & tuma				



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY Prince Georges Maryland by the and 2: Montgomery MARYLAND b. CITY OR TOWN (if outs de corporete fimits, E. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate hmils, write RURAL and give neerest town) ģ write RURAL and give nearest town) after (.5 -33 days Lanham Bethesda Pages d. NAME OF HOSPIFAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS The Clinical Center, Bethesda 14, Md. Lane 3, NAME OF 4. DATE DECEASED DEATH (Type or print) Robert Griffin 19 61 Michael November 9. AGE (In years of UNDER 1 YEAR) IF UNDER 24 HRS. carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) | Months DIVORCED WIDOWED [physician 10e. USUA. OCCUPATION (G.ve kind of work 10b. KIND OF BUS NESS OR INDUSTRY BIRTHPLACE (County & State, or fore ga country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired U.S.A. District of Columbia None Child 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please affending Wilda Tusing Robert A. Griffin WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMATTIRE Medical Record (Yes, no, or unkown) i (Ifyesgive werordates of service) The Clinical Center, Bethesda 14, Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Suppurative pneumonia with multiple abscess formation 5 days (b) Gastrointestinal hemorhage days Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying has (c) Acute lymphocytic leukemia PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES TO NO 1 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item IB.) 20e ACC DENT WAS UNDERLYING [] OR CONTRIBUTING J CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) Month, Dey, Year factory, street, office bldg., etc.) Not While et work | et work 21. I certify that (1) (this hospital) attended the deceased from October 18 ..., 1961, to Nevember 2019 61, that (1) (we) last saw the deceased alive on November 20, 19.61., and that death occured al. 1.154 Mrom the causes and on the date stated above. ATTENDING DIRECTOR PHYS. November 20-1961 PHYS. nical Center, National Institutes David Heywood, M.D. Health, Bethesda ll. Maryland 23a BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) (State) REMOVAL (Spacify)
Burial 808 11/22/61 Ft. Lincoln Colmar Manor 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Francis Gasch's Sons Hyattsville, Maryland DATE 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

200 . 0 . TO FASTITAL OR TITENDING PHYSICIAN: The law requires that the Teath certificate be excreted within 24 hours after de Team 4 may be remined by the hospital or mitending physician.

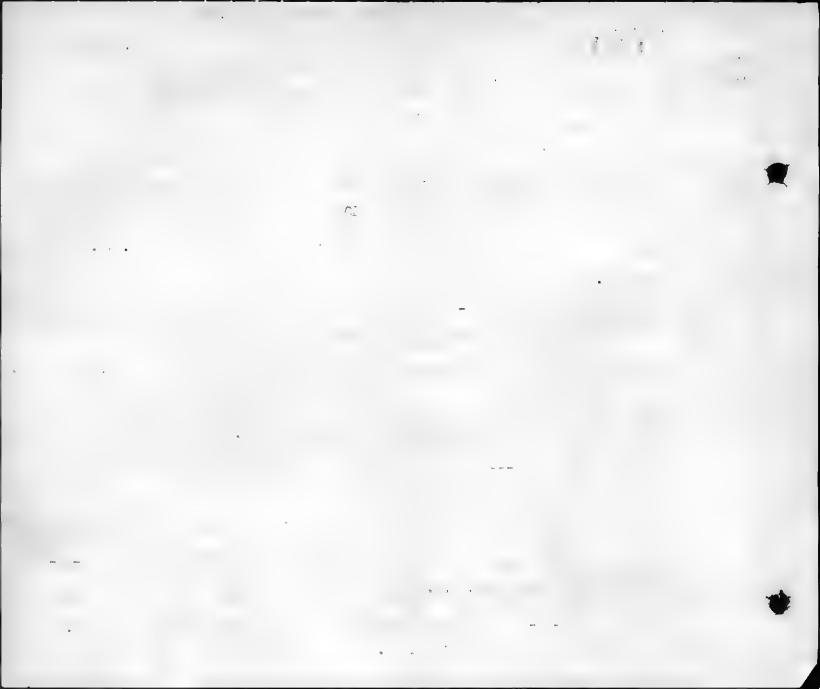
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12814 CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceased lived, If in	stitutioni Residence before admission)
a. COUNTY		e. STATE	b. COUNT	Υ
MONTGOMERY	MARYLAND	MARYLAND		GOMERY
write RURAL and give nearest fown)	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write l	RURAL and give neerest town]
Y A I I A I I I I I I I I I I I I I I I	1 hour	X GALTHERSBI	URG	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
MONTGOMERY GENERAL HOSPITAL		ROUTE 1		YES NOTE ?
3. NAME OF First	Middle	Last	4. DATE Month	Dey Yeer
DECEASED (Type or print)			OF	
GREENBERRY	GALTHER	GRIFFITH	DEATH 11	22 19 61
5 SEX 6. COLOR OR RACE 7. MARRIED X	NEVER MARRIED T	. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED	DIVORCED [4/10/74	last birthday) 7	Wonths Deys Hours Min,
	F BUSINESS OR INDUSTR	Y BIRYHPI ACE (Count	y & State, or loraign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		. philippings (comm	, 0. 3.0.0, 0. 1010.3. 000.11,,	
RETIRED	mer	MARYLAND		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	2404/14
CHARLES H. GRIEFITH		HESTER DOL	PSEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCI	AL SECURITY NO. 17. 1	NFORMANT	Address	
(Yes, no, or unkown) (If yas give war or dates of service)				
	-	HOSPITAL RECI	ORDS	
18. CAUSE OF DEATH [Enter only one cause per line for	r ,a), (b), end (c)]			INTERVAL BETWEEN
DART I DEATH WAS CALLEED BY.		*		ONSET AND DEATH
IMMEDIATE CAUSE (a) ACUTI	E_CORONARY T	HROMBOSIS		
42010 DUE TO				•
Conditions, if any, which \ (b) ARTE	RIOSCLEROTIO	: HEART DISEA:	SE	SEVERAL YRS
gave rise to immediate cause				
(a), stating the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDIT ON G.VER	NIN PART 1(a) 19. WAS AUTOPSY
		\		PERFORMED?
S ADENG	CARCINOMA C	F PROSTATE GI	LANO.	AEZ NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION ADE NO CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURED	, (Enter neture of in ury in P.	art I or Pert I of Item 18)	
OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Yeer 20d. INJUR While hour e.m. While of work at work		CE OF INJURY (Home, farm,		(County) (Stella)
Hour e.m. Whilet	101 111110	ory, street, office bldg., atc.)		
Z p.m. 19 at work	at work		<u> </u>	
21 certify that (I) (this hospital) attended	the deceased from	WAY	9601011-22	, 196, that (I) (we) last
		PL 6 14 3		
saw the deceased alive on	19.60 and that	death occured at,	M, from the causes a	
226 SIGNATURE				22b, DATE
1 Charles State as a second	· hind "		ED. STAFF RECTOR PHYS.	11-22-61
220 PHYSICIAN S	M	22d. ADDRESS		TT-55-OF
	14 0			
NAME (Type) JACK SCHUMACHER,	M.U.	GATTHE	RSBURG, MARYLAI	VD
23a BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, fown	or county) (Stete)
REMOVAL (Specify)	CHANGE OF PRINCIPAL	wn wanning wat	200. 1000///01///////////////////////////	(41618)
	Goshen Cemet	terv	Goshen, Mon	Toomerst Md
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256, REGI	STRAR'S SIGNATURE
-10		NI	DM 0 0 104	elma S. Thomas
Francis & Oarler Laycon	sville, Md.	DATE	C.	A. MANA



LARYLAND STATE DEPARTMENT OF HEALTH

22

by th

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filled

Ö carbon

pue

physician

signed by

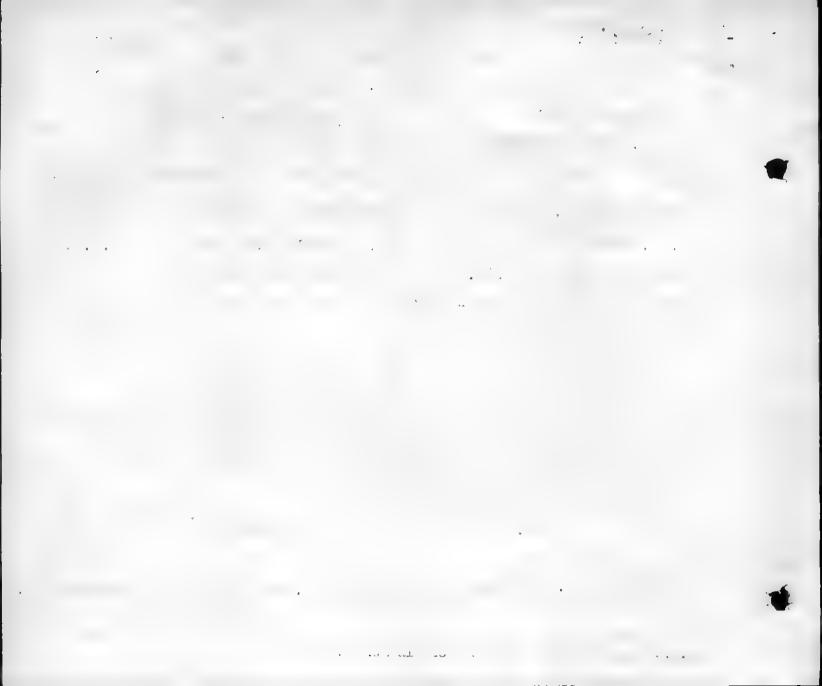
certificate has been

DIRECTOR:

pluods

the

aftending



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE C

12816

TIFICATE	OF [DEATH	. • '	12803

1. PLACE OF DEATH a. COUNTY Mont gome ry MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE Maryland b. COUNTY Mont gome ry
b. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) Takoma Par k	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
7216 Holly Avenue	7216 Holly Avenue YES NO
3 NAME OF DECEASED (Type or print) ELIZABETH HOWARD	GUERRY Nov 25 1961
FEMALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH 15 OCT 1871 9 AGE (n years FUNDER 1 YEAR IF UNDER 24 HRS
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even if retired)	
Housewife	Washing ton.D.C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louie M.Smith	Franklin Catherine Beeler
	NFORMANT Address
the state of the s	Self (Pre-Arrangement)
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSEY AND DEATH
PART I DEATH WAS CAUSED BY CORED TO COR	- wromboses
333X DUE TO D. D	001
Conditions, if any, which) (b) Crebral	Urterioneleroris
gave rise to immediate DUE TO	
lying cause last. (c) Criento & C	leroses Generalized
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDICION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO X
206. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) 20f (City or town) (County) (Stote)
21 certify that (1) (this haspital) attended the deceased fram	1 New 19 60to 25 Nov. 1960, that (1) (w) last
	leath accurred atM, fram the causes and an the date stated above
200 SIGNATURE	22b DATE
Shower & Togarty	M.D. PHYS. MED. STAFF 25/40/61
THOMAS P. FOGARTY	SILVER SORING MA
23a BURIAL, CREMATION, 23b DATE THEREOF 22 NAME OF CEMETERY O	R CREMATORY 23d LOCATION (Cdy, town, or county) (State)
	n Crematory. Prime Georges County, Md
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS The S. H. Hines Co. 2901 14th St. N	W 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
The S.H. Hines Co. 2901 14th St. N	W. DATEROV 2 8 '61 Contum S. Trans



TO ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exemple within 24 hours after devine as 4 may be retained by the hospital or attending physician.

TO USERAL DIRECTOR: After this certificate has been signed by the ettending physician and coming the funeral director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after degrin.

VR A1S (4) 15M 7/61

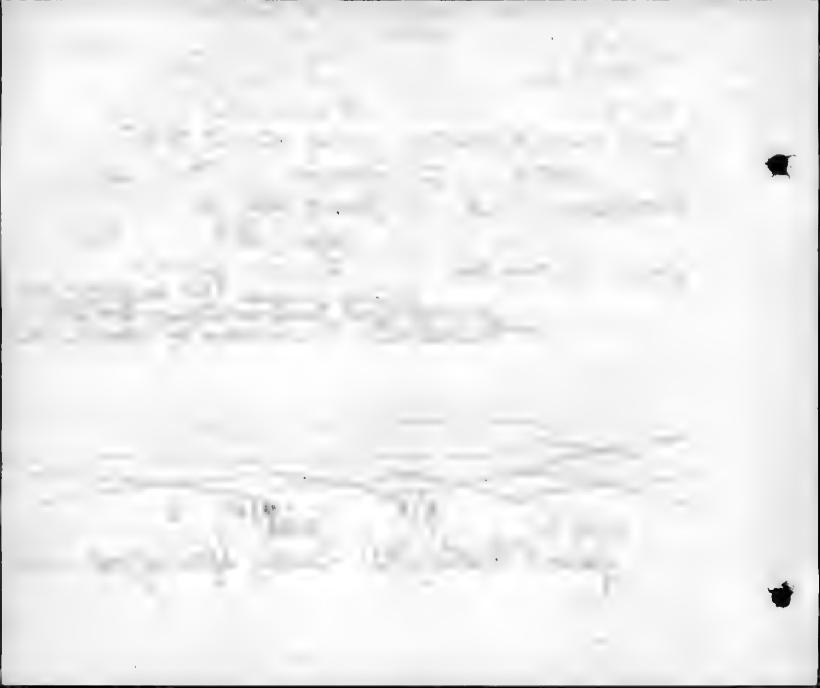
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12804

1	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where decresed lived, If institution: Resid	ence before edmission
Н	a. COUNTY Montgomerry	MARYLAND	Maryland 5, county	
1	b. City or Town (if cutside corporate limits, c	LENGTH OF STAY IN 16	c, CITY OR TOWN (H outside corporate limits, write RURAL and give	re nearest town)
	write RURAL and give nearest town] Bethesda (Rural)	66 days	Annapolis	210-2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital		d. STREET ADDRESS	. IS RESIDENCE
			1 Taney Avenue	YES NO X
١ł	U. J. Naval Hospital, Bethe	M ddle	Lost 4. DATE Month Da	
N	Type or print	Ones hom	Halpine OF November 3	. 19 61
/}	5 SEX COLOR OR RACE 7. MARRIED [Greham	Halpine November 3	Z
1			last birthday Months Days	a depth design with the
+	Male Caucasian WIDOWED [10s. USUAL OCCUPATION (Give kind of work 10b, KIND		April 22, 1093 68 ym. W 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
	done during most of working life, even if refired)			
-	Retired Naval Officer Ad	ministration	1,200	ISA _
			14. MOTHER'S MAIDEN NAME Alice Macomb	
	Nicholas Halpine			-
	(Yes, no, or unkown) (Ifyesgivewerordelesofservice)	CIAL SECURITY NO. 17. 1		<i>to</i>
	100		TL: Mrs. Helen B. Halpine, same as	1.
ı	18. CAUSE OF DEATH (Enter only one cause par line PART I DEATH WAS CAUSED BY:	for (a), (b), end (c).		NTERVAL BETWEEN
	IMMEDIATE CAUSE (6)	mono	ery Cintrali	77/20062
	DUE TO (1)			/
	Conditions, if eng, which (b)	Melvino	Kip	· Brank p
-	(a), stating the underlying DUE TO	. L. C		2 41
-	cause lest. (c)	lesta.	the lareuron) mylles
	Z PART I. OTHER SIGNIFICANT CONDITIONS CONTRI	BUT NG TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PEREORMED?
	CAT			YES KT NO 🗓
,	PART I. OTHER SIGNIFICANT CONDITIONS CONTR. 200. ACCIDENT WAS UNDERLYING 20b. DESCRI CON CONTRIBUTING 20b. DESCRI If EITHER, NOTIFY MEDICAL EXAMINER	BE HOW INJURY OCCURED	(Enter neture of injury in Pert I or Pert II of Item 18.)	
	20c. TIME OF INJURY Month, Day, Yeer 20d. INJ Hour a.m. 19 white et work		CE OF INJURY (Hame, ferm, 20f. (City or town) (County) ory, street, office bldg., etc.)	(State)
	₹ p.m. 19 et work			
	21. I certify that [() (this hospital) attended	d the deceased from.L	August 30, 1961, to November 3, 1961,	that (1) (we) last
	saw the deceased alive on Novembor 3	19.61 and that	death occured at 6.1.3.0%, Nrom the causes and on the	date stated above
	222. SIGNATURE	! /	ATTENDING MED. STAFF	225 DATE SIGNED
	William 1. 101	aper m	D. PHYS. DIRECTOR PHYS. X NOVEM	
	22c. PHYSICIAN'S WILLIAM P. BAKE	ER LT MC USN	U. S. Naval Hospital, Bethesds	. Md.
	REMOVAL (Specify)	3c. NAME OF CEMETERY		(State)
	Burial 11-7-61 N	Aval Academy		
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Md. 25a. REC'DAY REGISTRAN 25b. REGISTRANS SIGN	Train
	JOHN M. HOYLOT HAT GLAND GLAND	ices Por St., Ar	nnapolisbare	. =

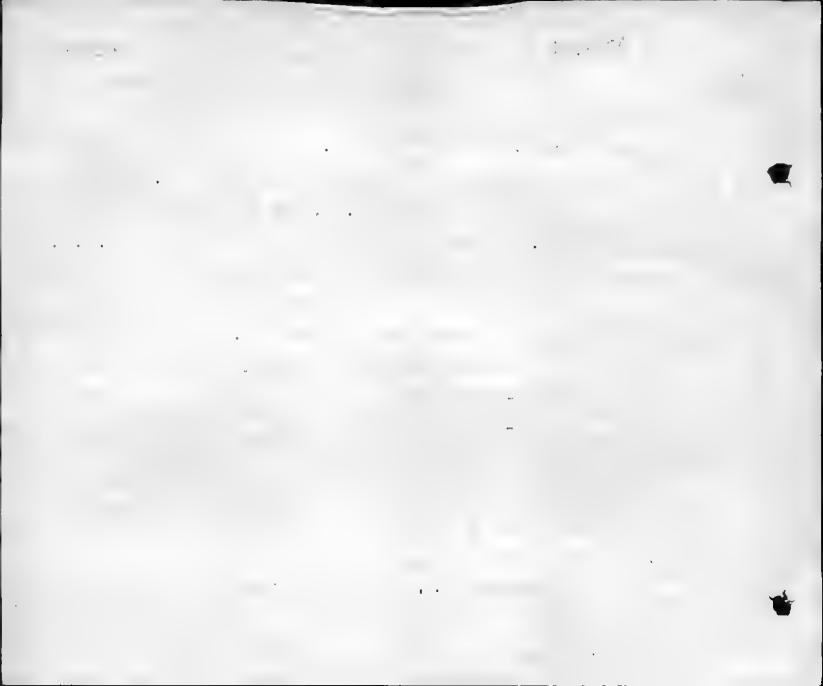


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 12819 Reg. Dist No. 2015 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)? o. COUNTY **b. COUNTY** MARYLAND b. CITY OR TOWN (If outside corporate lights, write RURAL, and give nearest fown) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION & STREET ADDRESS e. IS RESIDENC ON A FARM rrove YES NO DATE OF DEATH NAME OF First Middle Day Year DECEASED Type or print) 196 IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED & DATE OF BIRTH AGE (In years last by (hday) Months WIDOWED F DIVORCED [7] USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. EIRTHPLACE (Slote or foreign country) during most of portying life, even if retired) 12. CITIZEN OF WHAT COUNTRY? death. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse bursage for UNIERVAN BITOVEEN ONSET AND DEATH DEATH WAS CAUSED-BY-IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underpup lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal, PERFORMED? YES T NO T 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL PRAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of tourry in Port I or Part II of item 18.) TIME OF INJURY Month, Day, Tear 20d INJURY OCCURRED PLACE OF INJURY (Home form, 20th (City or town) (County)octory: seect affice bidg . etc. While at work of work p. m. ___, 19___,that I last saw the deceased 21. I certify that Lattended the deceased from... alive an and that death occurred at a land M, from the causes and an the date stated above. DRESS ISING fily or town, state) DATE SIGNED, ACTUAL SIGNATURE prid gold PHYSICIAN'S NAME (Type) 22b DATE THEREOF BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) ⊕6pd REMOVAL (Specify) 11-22-61 unia 2 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV VS A15 (4) when I This A 15M 10/57



1	36	DI	VISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
# 10 D	* }		12820 CERTIFICATE OF DEATH	12806
affe uner houl		1. PLAC	2E OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if inst	itutioni Residence before admission
5 4	X		onty atgomery Maryland Maryland Montgo	merv
\$ 4 4 \$	IXI /		Y OR TOWN (if outside corporate I mis, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write R	
4 7 2 8	4	WI	rife RJRAL and give nearest rown)	
in I s	-4		mantown C True AGermantown	DE OFFICE AND A
ithii lled	72	d. NA	ME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	a. IS RESIDENCE ON A FARM?
W E	10	Mon	tgomery General Hospital Rt. #1	YES NO 🔀
ers ers		J. NAM	IE OF First Middle Last 4. DATE Month	Dey Yeer -
2 8 6	1		or print) Robert Donald Harding OF DEATH NOV.	20 19 61
P CO List	1	5 SEX	6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years & last brithday)	UNDER TYEAR IF UNDER 24 HRS.
\$ P 2 2 3		24.7	and printery, M	Nonths Deys Hours Min.
d ca		Mal		12. CITIZEN OF WHAT COUNTRY
fica ctial ove		done dur	JAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) ring most of working life, even if retired)	12. CHIZEN OF WHAT COUNTRI
erti iysi em		Ato	mic Energy Comm. Government Maryland	U.S.A.
1 P		13. FATH	14. MOTHER'S MAIDEN NAME	
ling lea		7.20	charias Harding Grace Hodgson Grace Hodgson	
- Grand		15. WAS	DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT Address	_
the The Val,		(Yas, no,	or unkown) ((fryesgive wer or dates of service)	
hat he ho		Lio	CAUSE OF DEATH Enter only one ceuse per line for (e), (b), and (c).]	INTERVAL BETWEEN
ian yy rmi		10.	ALEXA DELEGISTRA DELEGISTRA DEL	ONSET AND DEATH
Neigh Pal			IMMEDIATE CAUSE (e) SUBARACHNOID HEMORRHAGE, ENTENSIVE.	20045
phy gne sit			330X DUE TO	
Trar mat		Conc	ditions, if any, which \ (b) RUPTURED ANEURYSM CEREBRAL ARTERY.	2 4945
ndindindindindindindindindindindindindin		geve	erise to Immediate cause	1/
Thatte			stelling the underlying South Autorio Sclevosis	Vedu s
S o d h	4	-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN	IN PART 1.e) 19. WAS AUTOPSY
IA cat ses to	2	NOTE		PERFORMED?
SIC Granting Bands		5		YES NO
2 c		OR C	ACC DENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) CONTRIBUTING CAUSE OF DEATH	
日本語が表			ITHER, NOTIFY MEDICAL EXAMINER)	
Pro Personal		ZOc.	TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown)	(County) (Steta)
of Age		- F	Hour am. While Not While fectory, street, onice plag., etc., 1	
EN tair			A/A 3 2 1	, 16, that (I) (we) la
Fares				
Series Para				22b. DATE
Ser de la company de la compan		22e	ATTENDING MED STAFF	SIGNE
구 스 스 스	,	- /	M.D. PHYS. V DIRECTOR PHYS.	11-50-6
RA RA virh	- 1	275/	PHYS, CIAN'S NAME (Type) A D Control of the contr	
A S A S A		1 ===	Jack Schumacher, M.D. GAITHERSBURG, MARYLAND	
Fu			RIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town	or county) (State)
00053			Surial 1-2-ul Forest ung faithershi	17t td
VR A15 (4)	6	24 FUNE	PAL PROCESS SIGNATURE APPRECS	TRAR'S SIGNATURE
15M 9/60	Sp.	, s	rnest C. Gartier. (aithersburg DAT DEC 5 '61 Coul	and A. Thomas
	1			

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) e. COUNTY necessary, ector, Page e. STATE **b.** COUNTY d for your files. Board/of Health Of Head MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL end give necrest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outs'de corporate limits, write RURAL and g've nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) retained he State B 3. NAME OF Middle DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED DEVER MARRIED AGE (In years | IF UNDER | YEAR lest birthdey) WIDOWED [DIVORCED [4/0 YEL 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY Page done during most of working life, even if retired) within within 13. FATHER'S NAME MOTHER'S MAIDEN NAME 9 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (+) Office **DUE TO** burial Conditions, if eny, which gove rise to immediate couse w m DUE TO (e), steting the underlying the word "pendin Medical Examiner" 82 ö cause last. used cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0), 19. WAS AUTOPSY CERTIFICATION Medical Ex 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING A 2Db. DESCRIBE HOW INJURY OCCURED. (Enter noture of Injury in Part I of Firm IB.) should CAUSE OF DEATH. Chief age 3 : e 3 | 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, | 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer Not While factory, street, office bldg., etc.) While forwarded to the L DIRECTOR: Po prior el work el work Inspection X Inquiry 1 Suicide death resulted from: Natural causes X Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER xecute the ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, lown, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) 240 g Arlington National Cemetery Arlington County Virginia Burial VS. AISME 8434 GEORGIA AVENUE VARNER E. PUMPHREY, INC. SILVER SPRING, MARYLANDOATHOV 1 6 '61 alithur S. Thous 5M 9/60

Raymond

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

1 12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO A

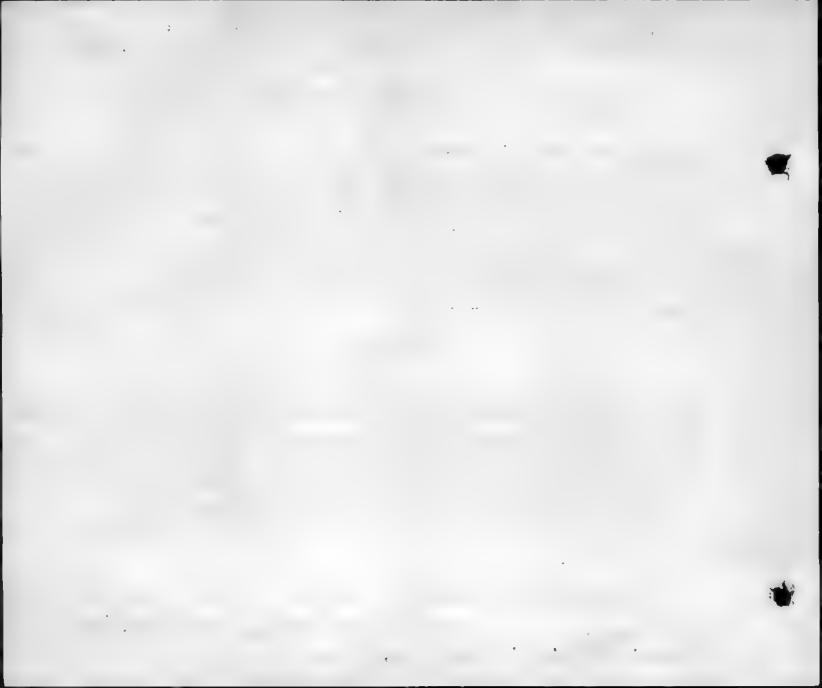
> > (Stete)

and in my opinion

DATE SIGNED

Months

[County]

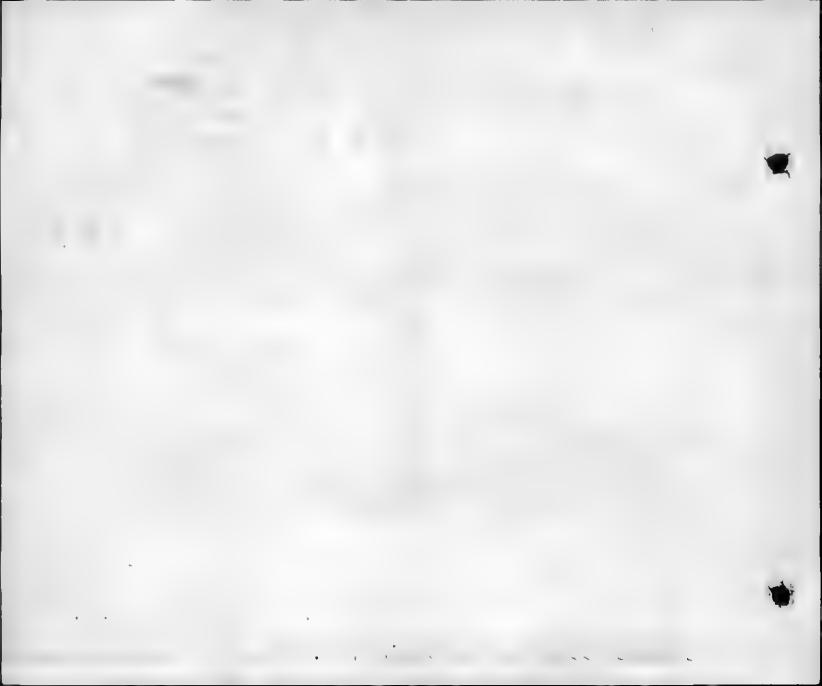


VR A15 (4) 15M 9/60 IV

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
12808

٠N	1. PLACE OF DEATH COUNTY		sidence before edmission
4	b. CITY OR YOWN (if outs of carporete limits, write RURAL end give pherest town)	C. CITTOR TOWN (If outside corporate Ismiss, write RURAL and	cling tow
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	South Arlington	8 J. S. RESIDENCE
	Bel Pre Nursing Home 2601 Bel Pu	A. 1607, 26 th 5+ ceet.	YES NO
	3. NAME OF DECEASED (Type or print) Thene Rebecca	HAZARD DEATH Month	28 19 6/
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED X DIVORCED	DATE OF BIRTH 10 3 8 7 9. AGE (In years If UNDER ! Y last birthdey) Months De	EAR IF UNDER 24 HRS. Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	13. FATHER'S NAME	Derby Conn. L	1.8.A
	JOHN T. Mª CARTHY	MARY G. LEONARD	
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT S FRANCES A. BRADGISY Address 1607-2.	LITIST Sport
	18. CRUSE OF DEATH [Enter only one cause per line for (el, (b), and (c).]	STRANCES A. ISKNUSISY PARKIN	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Congestive Hear	t factions	ONSET AND DEATH
	42 DUE TO CONTRACT SCHOOL	.'	10 years
	Conditions, if eny, which governed to immediate couse DUE TO		
	ceuse last. (c) My Cardial rufe	uctions	3 years
11	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I	19. WAS AUTOPSY PERFORMED? YES NO
1	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, MOTIFY MEDICAL EXAMINER)	(Enter neture of intury in Pert I or Pert II of item 18.)	·
		CE OF INJURY (Home, ferm, 20f. (City or lown) (Count ry, street, office bldg., etc.)	(Stefe)
	21. I certify that (I) (this hospital) attended the deceased from		
	22- SICNIATURE	death occured and on the causes and on the	e date stated above.
	Max & Shura M1"		11/28/61 SIGNED
	22c PHYS.CIAN'S NAME (Type) MAX G. SHERER MD	22d. ADDRESS 2025 EASTWest H'way Sil.	Sp. Mil
	230. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 1//30/6/ Mount Olive	or CREMATORY 23d. LOCATION (City, town or county) et Cem. Washington, D	(Slete)
	(4) 127	pirfax Dr. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	1
	Mac It Mames Arlington	3. Va. DATE NOV 3 0 '61 without d.	Thank



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
[282] CERTIFICATE OF DEATH
[280]

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission)
	Montgomery Maryland	California b. COUNTY
-1	b. C.TY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporata I mits, write RURAL and give naerest town)
	write RURAL end giva neerest town) Bethesda 18 days	San Gabriel
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d STREET ADDRESS o. IS RES DENCE ON FARM?
1	The Clinical Center, Bethesda 14, Md.	410 East Sunset Avenue
ľ	3. NAME OF Fist Middle	Last 4 DATE Month Day Year OF
1	(Type or print) Arthur (None)	Hernandez DEATH November 2 19 61
ľ	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF JNDER! YEAR IF UNDER 24 HRS. last birthdey) Months Days Hours Min.
	Male Spanish WIDOWED DIVORCED 1	December 4, 1934 26 yrs. Months Days Hours Min.
	106 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Laborer	California U.S.A.
V	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
X	Ralph Hørnandez	Louise Vasquez
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. 1 (Yes, no, or unkown), (Ifyes give war or dates of service)	
-	No Unascertainable	The Clinical Center, Bethesda 14, Maryland
ı	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN QNSET AND DEATH
4	PART I. DEATH WAS CAUSED BY: Congenital Heart I	Disease - Tricuspid atresia ONSET AND DEATH 26 years
-1	1 9 4 5 DUE TO	
	Conditions, if any, which (b)	
	geve rise to immadiate cause (a), steting the underlying DUE TO	
- 1	cause lest. (c)	
	Part II. Other significant conditions contributing to death but we Post-operative hemotrhage following st	of RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	5 pulmonary artery anastomosis	YES T NO 1
	OR CONTRIBUTING CAUSE OF DEATH), (Enter neture of injury in Part I or Part II of item 18.)
		ACE OF INLURY (Home, ferm, lory, street, office bldg , etc.) (City or town) (County) (Stete)
	Mour e.m. p.m. 19 White Not While test	
	21. I certify that 10 (this hospital) attended the deceased from	October 15 1961, November 2, 19.61 that 😩 (we) last
		death occured a4:50PM rom the causes and on the date stated above.
	22e SIGNATURE	ATTENDING MED. STAFF PHYS. TAPE SIGNED
	The PHYS CIAN'S	
-	NAME [Type] Richard P. Anderson, M.D.	The Clinical Center, National
	238. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY	Institutes of Health, Bethesda 11, Md. OR CREMATORY (23d. LOCATION/Lity, fown or copysty) (Stote)
	REMOTAL (Specify)	allamakan Colik
	24 FUNERAL DIRECTOR'S SIGNATURE // ADDRESS / //	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
	11/11/16 hambers Co. Masker	Afon Spare NOV 8 '61 Colling & House
		A W TI TO THE TO

dear Fige 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and comp. (ely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed by the side with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, VR A15 (4)

15M 9/60

2



21 M

MARYLAND STATE DEPARTMENT OF HEALTH

ALTIMORE 1, PESSE

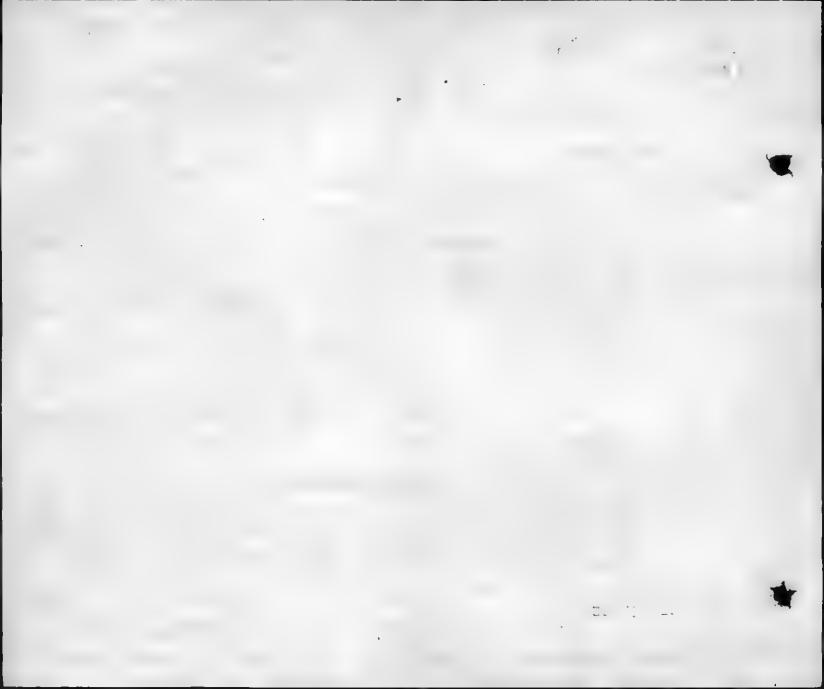
1 ST	DIVISION OF STATISTICAL RESEARCH AND RECORDS, CERTIFICATE	
M	1. PLACE OF DEATH a. COUNTY Thorn t gone and maryland	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY Month

	a. COUNTY	a. STATE	b. COUNTY	n. In.
	b. CITY OR TOWN (if ourside governed I mits,	c, CITY OR TOWN (If our	side corporate) mits, write RURAL an	nd give nearest town)
	write RURAL and give notifist town	27 111/	- land	
	d. NAME OF HOSP, TAL OR INSTITUTION (if not in hosp ta, g ve street address)	d. STREET ADDRESS	a Ton	. IS RESIDENCE
	J. 6. 6-	280%	- Hz -d. 1 7	VES NO NO
3.	NAME OF First Midd e	Last 4.	DATE Mood	Day Year
	DECEASED (Type or print)	/_ /	OF DEATH	17 19 61
5.	- 1100N 11, 11	DATE OF BIRTH	9. AGE (In years IF JNDER	
_	MZLe IIIhite WIDOWED DIVORCED TI	8/11/00	last b rthday) Months	Days Hours M'n.
10a	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County &		TIZEN OF WHAT COUNTRY?
do	and during most of working life, even if refired)	A -1/2 6.		4. J.A
ij.	FALMER'S NAME I - GOVERNMENT	14. MOTHER'S MAIDEN NAM		0,0,7
	Goods Howk do	m //!	lintone.	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT	Torreddiess Kin	T-usdanie
(Ye	ps, no, or unkough) (If yes give war or dates of service)	enras 1. H.	2-0/00/1900	11 J- M
- 7	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	L'AL DE STIP	7100177726	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Vendos culos	Baillehon		ONSET AND DEATH
	2001 DUE TO (2 1/2 2
	Conditions, if any, which) (b) Lirculatory	DZILUNE_		Lays
	gave rise to immediate cause DUE TO			1 14
	cause last.	Conz		6760
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUT NG TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PAR	Y 1(a) 19. WAS AUTOPSY PERFORMED?
CATE				YES NO
CERTIFIC	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	. (Enter natura of injury in Part I	or Part II of item 18.)	
3		CE OF INJURY (Home, farm,	2Df. (Cîty or town) (Co	unty) (Stata)
WEDI	Hour s.m. While Not While st work at work	ory, street, office bldg., etc.)	,	
_	21. I certify that (I) (this hospital) attended the deceased from	1946 190	0, 10 ///2, 19	(that (I) (we) last
	1 (# /15 /2	1/1	M, from the causes and on	
	22a SIGNATURE	ATTENDING MED.	STAFF	226. DATE SIGNED
	Some datument	.D. PHYS. DIREC		310112
	PHYSICIAN S NAME (Type)	22d. ADDRESS	Hard 1:	1,1/1-
	John W. Kalimel, Vi	1/05/	1288 Hrs 10	wish D
23	BURIAL, GARMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 2:	3d. EOCATION (City, town or coun	ty) (State)
	11/15/61 Glenwood C	emetery	November 15,	1961
34	HANDIAL DIRECTIONS SIGNATURE 290 ADDRESS 14 1	25a. REC'D E	Y REGISTRAR 256. REGISTRAR'S	SIGNATURE
	W. N. Kine Co. Wash, 9	DATE NOV	1 4 '61 Orling	Y King

ompletely filled in by the funeral papers. Pages 1 and 2 should in 72 hours after death. within 24 hours after TO HOW LIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exampled death. (3e.4 may be retained by the hospital or attending physician.)

TO FUNERAL DIECTOR: After this certificate ham been signed by the aftending physician and complex of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page 5 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72.

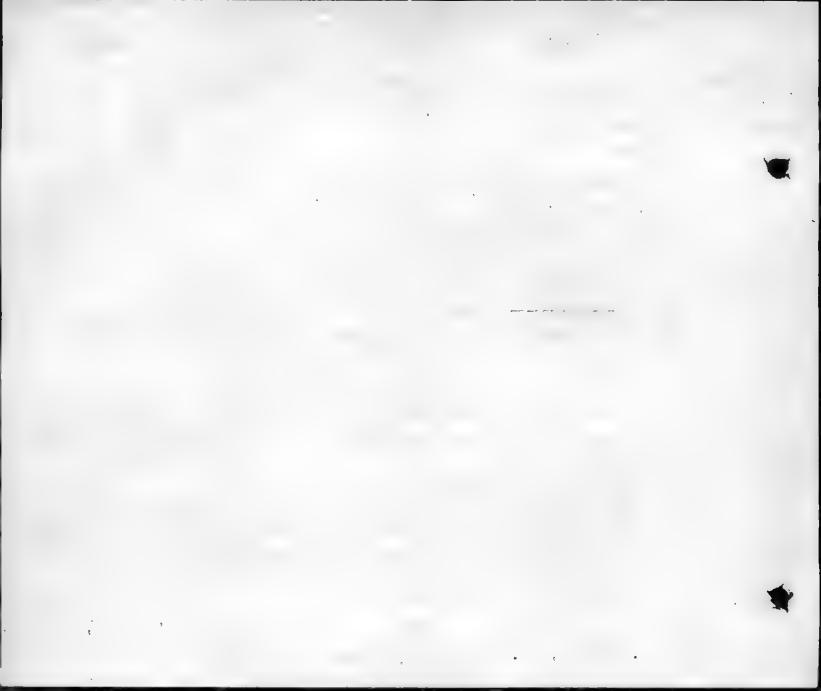
15M 9/60



EET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission) a. COUNTY b. COUNTY MONT omer 12 th MARYLAND b. CITY OR TOWN (if outside corporate limits, and c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) à write RURAL end give nearest town) <u>.</u> = _ ahoma far d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress e. IS RESIDENCE ON A FARM? YES NO Z 3. NAME OF DATE DECEASED OF (Type or print) DEATH 1961 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED IF UNDER 24 HRS AGE (In years | IF UNDER 1 YEAR last birthday) physician and WIDOWED [DIVORCED 12. CITIZEN OF WHAT COUNTRY? USJAL OCCUPATION (Give kind of work done during most of working life, even il refired redsur 13. FATHER'S NAME MAIDEN NAME Then please atter ling physician. OWY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. Address (Yes, no, or unkown) | (If yes give we condetes of service) None 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c), INTÉRVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** OK masses of the hospinar was been DIRECTOR. After this certificate has been 3 should be detached for use as the burial-if should be detached for use as the burial, crem gave rise to immediate cause **DUE TO** (a), steting the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA CERTIFICATION NO unal 200, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I of Pert II of Jem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm,) (State) Month, Day, Year 20f. (City or town) (County) factory, street, office bldg , etc.) Hour e.m. While Not While et work et work pm. ... , 1966, that (I) (we) last NOU 19.61, and that death occured at 11.30, Am the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a. SIGNATURE ATTENDING MED. 51GNED PHYS. DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) TO PUL 23e, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Fort Lincoln Prince Goorge's County, Heryland
25s. REC'D BY REGISTRAR 25s. REGISTRAR'S SIGNATURE
HOW 7 '61 Chilling J. Thurse 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Georgia Avenue imphrey

within 24 hours after

law requires that the death



VR A15 [4]

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOREA, MARYLAND

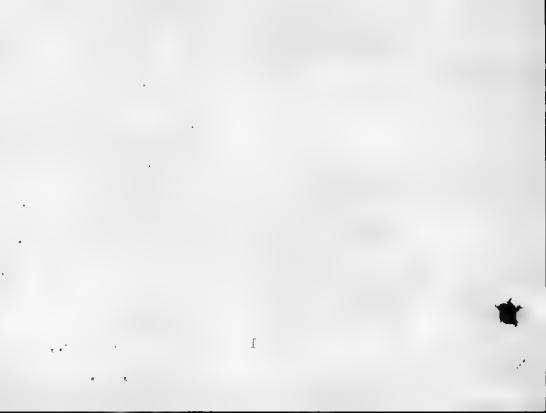
12821

CERTIFICATE OF DEATH

L. PLACE OF DEATH A. COUNTY Montgomery	- 1	.E. NO (3) (3)					
Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give sireel address) Suburban Hospital d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give sireel address) Suburban Hospital d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give sireel address) Suburban Hospital d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give sireel address) Suburban Hospital d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give sireel address) Suburban Hospital d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give sireel address) 70.09 Clarendon Rd. 10. STATE Month NOV. 10, 1961 S. SIX 6. COLOR OR RACE 7, MARRIED NOVOKED DECLARED OF MON. Mary Land OCT. 20, 1888 70.09 Clarendon Rd. 10. STATE Month NOV. 10, 1961 S. DATE NOV. 10, 1961 DATE NOV. 10, 1961 S. DATE NOV. 10, 1961 OCT. 20, 1888 73. NACE (in year) if UNDER YEAR IF INDER 24 HES, fail Brithday) Manch Day Year Year Year OCT. 20, 1888 73. NACE (in year) if UNDER YEAR IF INDER 24 HES, fail Brithday) Mary Land U. S. 10. LEVI Hill S. WAS DECLARED TVER NU U.S. ARABEID NOV NUT OF WHAT COUNTRY (feel and working life, were developed advanced and working life, were developed advanced and working life, were developed advanced and working life, were developed and working		= COLINITY					esidence before edmission)
Bethesda d. NAME OF NOSTRIAL of injections (if not in heapile), give street eddress) Suburban Hospital 3. NAME OF OFTER ADDRESS Suburban Hospital 3. NAME OF OFTER ADDRESS (Type or print) NATHAN K. 5. SIX 6. COLOR OR RACE (7. MARKED) NOVER MARKED (10. NOVER MARKED (10. NOVER MARKED) (10. NOVER MARKED) (10. NOVER MARKED (10. NOVER MARKED) (10. NOVER MARKED) (10. NOVER MARKED (10. NOVER MARKED) (10. NOVER MARKED (10.		Montgomery	MARYLAND				tgomery
Bethesda d. NAME OF ROSPITALO SINSTITUTION (if not in bisquite, give fired eddress) Suburban Hospital 3. NAME OF Suburban Hospital 3. NAME OF DECEMBED NATHAN K. HILL 1. DATE DECEMBED NATHAN K. HILL 1. DATE DECEMBED NATHAN K. HILL 1. DATE DECEMBED NOV. 10, 1961 3. SEX 6. COLOR OR RACE; AMBRID NOV. 10, 1961 1. SEX USALA DECEMBED SING AND			C LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and	give pearest town)
d. NAME OF NOSPITAL OR INSTITUTION (if not in hospites, give theel eddrew) Suburban Hospital 7009 Clarendon Rd. DATE NOON 10				Bet	thesda	4	
Suburban Hospital NAMED FOR 1/19			piter, give street eddress)	d STREET ADDRESS	-2-2	-	
NATHAN K. HILL DEATH NOV. 10, 1961		Suburban Hospital		7009	Clarendon	Rd.	
S. SEX 6. COLOR OR RACE 7. MARKING NOVER MARRIED NOVER DEATH NOV. 10, 19 of			Middle	Lest			
Male White widoward Doored Doo			K.	HILL		Nov. IC), ₁₉ OL
Male White widoward Doored Doo		5. SEX 6. COLOR OR RACE 7. MARRIE	D TO NEVER MARRIED 1 8		1 . 1		
done during most of working lite, were it related Greens Cutter-Country Glub-Retired Maryland Julia Marsden 12. FATHER'S NAME Levi Hill Swap Eclasto Even William Marsden 15. WAS DECASTO EVEN IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. 17. INFORMANTWIFE (Ves., INFORMANTWIFE Address Address (Ves., INFORMANTWIFE Address (Ves., INFORMANTWIFE Address Address Address (Ves., INFORMANTWIFE Address			Oct. 20, 1	AAA	11.70-1-1710	Deys Hours Mn.	
Greens Cutter-Country Club-Retired Maryland 13. FATHER'S NAME Levi Hill Same as Item.#2. 219-01-3890 Freida Hill Same as Item.#2. 16. SOCIAL SECURITY NO. 17. INFORMANTWIFE Address 219-01-3890 Freida Hill Same as Item.#2. 18. CAUSE OF DEATH [inter only one cause services of (a), (b), and (c).) IMMODIATE CAUSE (a) DUE TO Conditions, if any, which peve visio for manyling (c) Conditions, if any, which peve cise to immediate cause (a), desting the underlying (c) PART I. OTHER S GN HIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PENFORMED. TO CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MODICAL EXAMINER] 200. ACCIDENT WAS JNDER, YING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neure of injury in Pert I or Pert II of Item 18.) 200. THE OF INJURY Month, Day, Yeer 20d. BNJURY OCCURED. (Enter neure of injury in Pert I or Pert III of Item 18.) 21. I certify that (I) (this hospital) attended the deceased from pert of the pert II of Item 18. 21. I certify that (I) (this hospital) attended the deceased from pert of the pert II of Item 18. 22c. PHYSICIAMS 11-10-61 SIGNED SIGNATURE ADDRESS MADE ITEM 10 10 own or country 11-10-61 SIGNED SIGNATURE 23d. LOCATION (CIT) flower country 23d. LOCATIO		10a USUAL OCCUPATION (Give kind of work 10b.	IND OF BUSINESS OR INDUSTR	RY 11 B RTHPLACE (Cour	nty & Stete, or fore gn	country) 12. CIT	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT WIFE 21. OLD 13. Same as Item.#2. 16. CAUSE OF DEATH [Enter only one cause per line for (e). (b). end (e).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Cordilions, if eny, which geve rise to immediate cause [e], plening the underlying cause lest." PART II. OTHER'S GN FICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1 (e) 19. WAS ALTOPSY PRESORMED. YES NO PRESORMED. YE NO PRESORMED. YES N		Greens Cutter-Country	Club-Retire	d Maryl	and	1	U.S.
15. WAS DICEASID EVER IN U.S., ARMED FORCES) 16. SOCIAL SECURITY NO. 17. INFORMANT WITE Address Same as Item. #2.		13. FATHER'S NAME		14 MOTHER'S MAIDEN	INAME		-
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20e. ACCIDENT WAS JNDER.YING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20e. ACCIDENT WAS JNDER.YING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20e. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, farm, 19.0), street, office bldg , etc.) 19.0), street, office bldg , etc.) 19.0), stawn	(0)	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	INAL D SEASE CONDIT	ION GIVEN IN PART		
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Hour e.m. 19 while st work street, office bidg, etc. 21. I certify that (I) (this hospital) attended the deceased from		OR CONTRIBUTING CAUSE OF DEATH	CKIBE TION INJOKE OCCURE	Chief here as injuly in	1311 (9) (9 1 1 1 2) 11011	701)	
21. I certify that (I) (this hospital) attended the deceased from 1930, to 1940, that (I) (we) lass saw the deceased alive on 1940, and that death occured at 1940, from the causes and on the date stated above 22e. SIGNATURE ATTENDING MED. PHYS. In II-10-61 SIGNED PHYS. SIGNED PHYS. Removed at 1940, Med. Phys. Removed Phys. Ph	, di	0				n) (Cou	nty) (Stere)
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saw the deceased alive on			ded the deceased from	Jan	1937 to 1	100 19	6/ that (I) (we) last
22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type) LEO I. DONOVAN 23a. BURIAL, CREMATION (Specify) REMOVAL (Specify) Burial Park lawn Cemetery ATTENDING MED. STAFF DIRECTOR SIGNATURE ATTENDING MED. STAFF DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR SIGNATURE ATTENDING MED. STAFF DIRECTOR		Mary 10	/ .		43		
22c PHYSICIAM'S NAME (Type) LEO I. DONOVAN 23a. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY PHYS. DIRECTOR PHYS. DATE TO BETTER PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIR		22e. SIGNATURE			1100 074		
NAME (Type) LEO I. DONOVAN 8218 Wisconsin Ave., Bethesda, Md. 23a. BURIAL, CREMATION (City, lown or county) REMOVAL (Specify) Burial 11-13-61 Parklawn Cemetery ADDRESS 23d. LOCATION (City, lown or county) ROCKVille, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		(X = () () a	www. "	manage man		s. 11	-10-61 SIGNED
23a. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) Burial 11-13-61 Park lawn Cemetery Received Receiv				22d. ADDRESS		lara Dob	hoodo Wd
REMOVAL (Specify) Burial 11-13-61 Parklawn Cemetery Rockville, Maryland Address Address Rec'd by Registrar 25b. Registrar's Signature		LEO I. DONO	VAN	8218 W1	sconsin A	ave., bet	nesua, Pu.
Burial 11-13-61 Parklawn Cemetery ROCKVIIIe, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(Cily, lown or count	y] (Stete)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25m. REC'D BY REGISTRAR'S SIGNATURE			Parklawn Ce	meterv	Rockvi	lle, Mar	yland
ROBERT A. PUMPHREY Bethesda, Md. DATE MOV 1 4 '61 Cirlur S. Kraus		Dut the				-	
	À	ROBERT A. PUMPHRI	EY Bethesda	Md. DATE N	OV 1 4 '61	arthur S.	Thoma



AND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If institution: Residence before edmission) e. COUNTY Page lealth, e. STATE **b.** COUNTY MARYLAND p. CITY OR TOWN (if outside corporate lim c. LENGTH OF STAY IN 1h c. C.TY OR TOWN (Is outside corporete limits, write RURAL and give represt town) director, write RUPAL and give negrest town? d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) STREET ADDRESS . IS RESIDENCE ON A FARM? Bra may be retained la State YES NO 3. NAME OF Middle 4. DATE Year DECEASED OF to the with the (Type or print) DEATH 1941 DATE OF BIRTH AGE (In years HE UNDER TYEAR JF UNDER 24 HRS. and 31 7. MARRIED [NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. 1 12. CITIZEN OF WHAT COUNTRY? Page 22 Z done during host of working life, even if retired) Pages 1 pages 1 within Office along with form PM3. bunial-transit permit file page 13. FATTER S NAME MOTHER'S MAIDEN NAME in pencil in Item 18. Give EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unkown] Hivesa vewerordetesofservice 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN 드 QMSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) Sangunalion removal, **DUE TO** geve rise to immediate cause 60 E0 "pending" DUE TO (a), stating the underlying Examiner SE 6 Mould be used a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART La CERTIFICATION PERFORMED? ecute the certificate, writing the word Medical NO T 20a. EXTERNAL CAUSE WAS PRIMARY FOR OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) to the Chief Med 20d. INJUST OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. [City or town] While Not While 10 , fectory, street, office bldg., etc.] MEDICAL 20c. TIME OF INJURY Month, Dey, Year (County) (Stota) et work et work 45-p.m. //2 26 1961 0-21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry forwarded to death resulted from: Undetermined manner Natural causes Accident 1 Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 50 EXAMINER'S OSCHINT NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 226. BURIAL, CREMATION, 226. DATE THEREOI T 22d. LOCATION (City, town, or country) (Stete) ä BEMOVAL (Specify) 240 g Arlington Cemetry., Arlington, Va. 246 REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Rockville, Md. Cormer 2. Fire 5M 9/60 DATENOV 3 0 '61



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

L	J. Fail C	020		CERTIFICA	ALE OF DEAT	н		1231	4
1.	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased li		n Residence be	efare admission)
	a. COUNTY Mont	gomery		MARYLAND	a. STATE Mar	vland	b. COUNTY	Montgo	merv
	b. CITY OR TOWN (IF	autside carporate (im	ils, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN	If autside carporat	e limits, write RU	RAL and give n	neorest town)
	RURAL and give neo Bethesd				Bethe	sda	60	7	
_	d NAME OF HOSPITA		give street	address)	d. STREET ADDRESS		7.5	-	e. IS RESIDENCE ON A FARM?
	or Institution 4601 Co	oper Lan	e		4601	Cooper	Lane		YES NO
3	NAME OF DECEASED		rst	Middle	Last	4. DATE	. / Month	h and	Day Year
	DECEASED (Type or print)	Johr	1	F	Horne	OF DEATH	NOV.	17	1 196/
5	SEX	6. COLOR OR RACE	-	NEVER MARRIED	B. DATE OF BIRTH	9.		IF UNDER 1 YEA	AR IF UNDER 24 HRS
N	lale	White	WIDOW		5/22/1879		82 yrs	Months Days	Hours Min.
-	a. USUAL OCCUPATION	(Give kind of work	dane 10b.	KIND OF BUSINESS OR IND	1 - / /	ate ar fareign cour		12 CITIZEN	OF WHAT COUNTRY?
	during most of working Salesma	g life, even if refired	1)			Carolin		US	A
13	FATHER'S NAME	100 41			14. MOTHER'S MAIDE				
i	Rober	t L. Hor	ne		Eliza	beth Mc	Fadden		
15	WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFORMANT	20012 210	Addre	255	
ņ		panysn= merican	service)	77-03-1346	Tosanhina M	Horne	Wife-	came a	above
	1			ne far (a), (b), and (c),	NOCPHERC 13	_HOLING	WALC-1	II.	TERVAL BETWEEN
	PART I DEATI	WAS CAUSED BY	17	suto his	nt back	une		12	MSET AND DEATH
	11	MMEDIATE CAUSE (c		in the	fund				
	Canditions, if an		, H	burn P. A.	id ander	risclas	rosis	16	relino
	gave rise to im)	ear way	2000	,		10	1
	lying cause last.	e under-		U				V	
2			DITIONS (CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEASE O	CONDITION G VI	EN IN PART 1(a)	1 19 WAS AUTOPSY
FICATION									YES NO N
		UNDERLYING T	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Part I ar Part II	of item 18.)		100000
CEST	OR CONTRIBUTING [CAUSE OF DEATH			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			or 20d. II	NJURY OCCURRED 20e	PLACE OF INJURY (Hame, fi	urm, 20f. (City of	r tawa)	(Cauni	ty) (State)
MEDICAL	Haur a.m.	19	While	Nat while	factory, street, affice bldg.,	elc.)			,
2				k at wark	Sax 21.	-1-1	1/2/1	History	
	1	11	1 1	led the deceased fram	1) /) /	1961ta2	V UV		that (I) (we) tast
	saw the decease	d alive an AV	22/1	7, 19_Q_(, and that	death accurred	M, fram th	ie causes and	d on the da	ate stated abave
	226 SIGNATURE	P. Ken	Care	. A	ATTENDING A	MED.	STAFF		//- / 7 SIGNED/
	22c. PHYSICIAN'S	0	un	W.	M.D PHYS 22d ADDRESS	DIRECTOR L.	PHYS		11-01
	NAME (Type)	3 P. KI	CLA	+ND	4400 -	-49	of NU	Was	lecutor
-		1 1 7	0.5				200		/-DE
2.	BUT 18 1	11/20/	1	Ft. Lincol	n Cemetery		ON (City, tawn, a		(State)
_			OI						Maryland
12.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	250 R	EC'D BY REGISTRA	K 255, KEG15	TRAR'S SIGNAT	OKE

DATE NUV 2 2 161

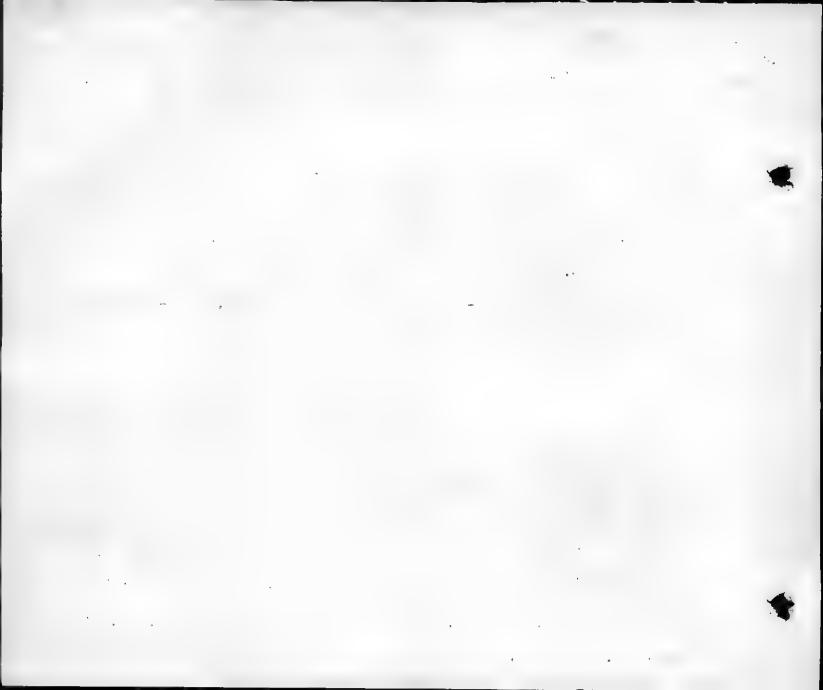
Robert A. Pumphrey, Bethe sda, Maryland

in by the funeral director, and 2 should be fitted with TO HOSE TAL OR ATTENDING FIRENCIAN.

TO HOSE TAL OR ATTENDING FIRENCIAN.

TO HOSE TO FUND TALL OR After this certificate has been signed by the attending physician and completely the topological part of the place of the transition of the state Board of Health prior to burial, cremation, or removal, and in any event, within 72-mouse offer death the State Board of Health prior to burial, cremation, or removal, and in any event, within 72-mouse offer death the State Board of Health prior to burial, cremation, or removal, and in any event, within 72-mouse offer death the State Board of Health prior to burial, cremation, or removal, and in any event, within 72-mouse of the death the State Board of Health prior to burial, cremation, or removal.

haurs after death. Page 4



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12815

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I ved, if institutions Residence before admission)
	Montgomery Marylann	e, STATE b, COUNTY
-	partia menu	Maryland Montgomery
	b. CITY OR TOWN (if outs'de corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give neerest town) Colesville Md.	Silver Spring
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS 0. IS RESIDENCE
\mathbb{R}	Marilea Nursing Home	ON A FARM?
		11,605 Gail Street
3.	NAME OF First Middle DECEASED	Lasi 4. DATE Month Dey Teer
	(Type or print) CARRIE GERTRIDE HURLEY	DEATH NOVEMBER 5 1961
-	SEX 16. COLOR OR RACE T MADDIED 1 NEWED 44 ADDRED 1 8	DATE OF BIRTH
7.	7. MAKKIED NEVER MAKKIED	last birthday) Months Devs Hours Min.
E	Temale White widowed KK DIVORCED F	ebruary 1, 1892 69 ys.
10a do	ne during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
He	ousewife Own Home	Calvert County, Maryland U.S.A.
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
122	Do mart	Eliza Johnson
	nory E. Berry	
(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. III. III. No. or unknown) (Ifyesgivewerordalesofservice)	
		126 N. Wayne Street S. Harvey L. Glasscockarlington, Va.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: MANUELIATE CAUSE (a) Cordeac faile	ONSET AND DEATH 12 weeks.
	(J') ? J BUETO	
	Conditions, If any, which > (b) Cardio = vasa	who arterio-scheroria. 4 yr.
	gave rise to immediate cause	7 -
		4 m.
	cause lest. [c] farerall sol	aterio-selejose 4 m.
Z	PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CERTIFICATION	B. W. T. J. Settle 1 00	PERFORMED?
_ 5	ampulation of the skeep of	
E	208. ACCIDENT WAS UNDERLYING () LOB. DESCRIBE HOW INJURY OF CHEEN	(Enter neture of in ury in Part I or Part I of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
CAL		CE OF INJURY [Home, farm, 20f. (City or fown) (County) (State)
ĕ	Light Bits!	ory, street, office bldg., etc.)
1	p.m. 19 af work af work	1/2//
	21. I certify that (I) (this hospital) attended the deceased from	
	saw the deceased alive on//./4/ 4 / 19 , and that	death occured at 7 KM., from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE
	DAI 12- 1/ 12	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
	PHYSICIAN'S NAME (Type) Walter K. Angevine	6300 13th St. N.W. Wash. DC
	Marter I. Sunecarie	Control about the figure the same of
23/	BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY [23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify)	Tinchington D. C.
-		# ,
24	FUNERAL DIRECTOR'S SIGNATURE 2/5Ka8434 Georgia Aven	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W.	arter . Por phrey Inc. Silver Spring, ha	ryland offer 7 '61 Custur & Kraus
-		MA



DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, if institution, Residence before admission) e. COUNTY b. COUNTY Montgomery Mantgomery MARYLAND b. CITY OR TOWN (if ouls de corporete | mits, E LENGTH OF STAY IN 16 e. CITY OR TOWN III outside corporale limits, write RURAL and give neerest town) write RURAL and give neerest town) days Bethesda hours after Bethesda filled i . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS ON A FARM? YES NO XX 8616 Beach Tree Road. Suburban 4. DATE 3. NAME OF complet DECEASED OF (Typa or print) DEATH 19 Hurley November 21 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH tast hinhday) | Months | and Deys Hours White WIDOWED [DIVORCED Female. 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. Busi PLACE (County & State, or foreign country) done during most of working life, even if retired) housewife U.S.A. any Washington. D. C. 13. FATHER'S NAME F 14. MOTHER'S MAIDEN NAME pleas Sally Hager Alfred B. affen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 1 17 INFORMANT Address (Yas, no, or unkown) [(Ifyesgive were rdetes of service) Glenn S. Hurley, husband same as above 18. CAUSE OF DEATH [Enter only one couse per one for (e), (b), end ,c),] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO gave rise to immediate causa DUE TO (a), stelling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY After this certificate PERFORMED? NO 2De. ACCIDENT WAS UNDERLYING 1 | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home form, (County) (State) 20c. TIME OF INJURY Month, Dev. Yeer 2Df. (City or town) factory, street, office bldg., etc.) Hour am While Not While et work at work DIRECTOR: , 1954 to NOW1 2-1, 196/, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from UAN . . 2.51961..., and that death occured at 1.0.M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a SIGNATURE ATTENDING SIGNED STAFF AA FD DIRECTOR PHYS. PHYS. FUNERAL 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) BETHESDA. MD. ROBERT 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City, town or county] (Specify) , WASHINGTON . D . C . 11/24/61 OAK HILL 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DE 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY Montgomery Virginia MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown] days Bethesda (Rural MC3 Tuantico d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? U. S. Naval hospital Chamberlain Village YES NO X NAME OF Middle DATE DECEASED OF Type or print) DEATH Lloyd Novemeber **19** 5] Arthur Jackson 6. COLOR OR RACE 7, MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR) IF JNDER 24 HRS 8. DATE OF BIRTH last birthday) Hours WIDOWED [DIVORCED Male 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) USA Pennsvlvania Serviceman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Brandon Jackson Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO geve rise to immediate causa **DUE TO** (a), steting the underlying causa last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES K NO F 200 ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20f, (City or Iown) (County) (State) factory, street, office bldg., atc.) While Not While Hour a.m. at work et work p.m. 21. I certify that (1) (this hospital) attended the deceased from NOV. 18. 1901. lo... 19.61, and that death occurred at 77 From the causes and on the date stated above. saw the deceased affive on....NOV. 22e. S.GNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. November 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LT MC USNR U. S. Naval Hospital, Bethesda, Md 234. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) REMOVAL (Specify) arlington National Arlington, Va. 250. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE arihur & France oth St MV, washington, D.C. DATENOV 2 7

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filled

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physician remove

attending

hospital or attending physician. certificate has been signed by the

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4 may be retained by the ho DIRECTOR: After this cent 3 should be detached for unthe State Dept. of Health printers.

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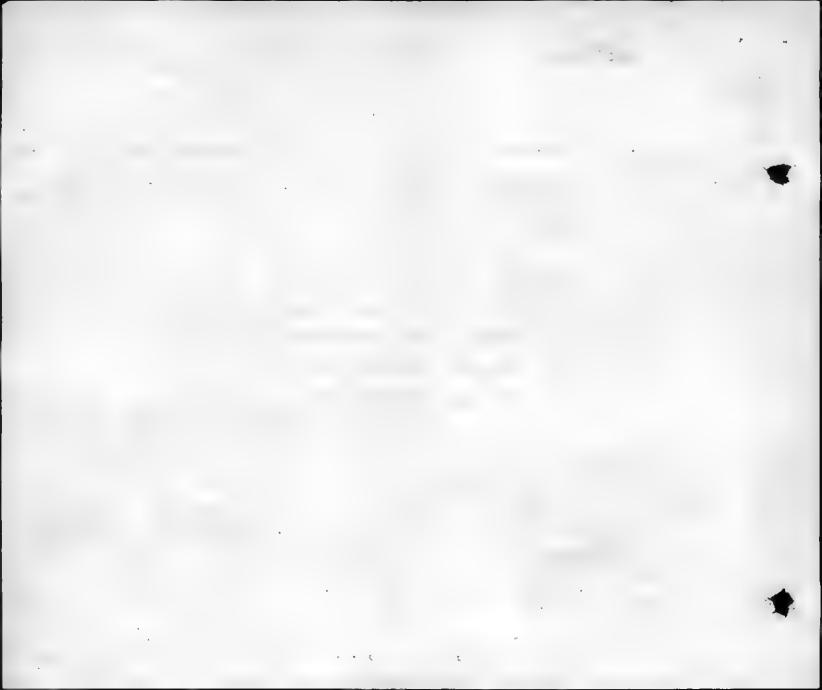
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RYLAND STATE DEPARTMENT OF HEALTH



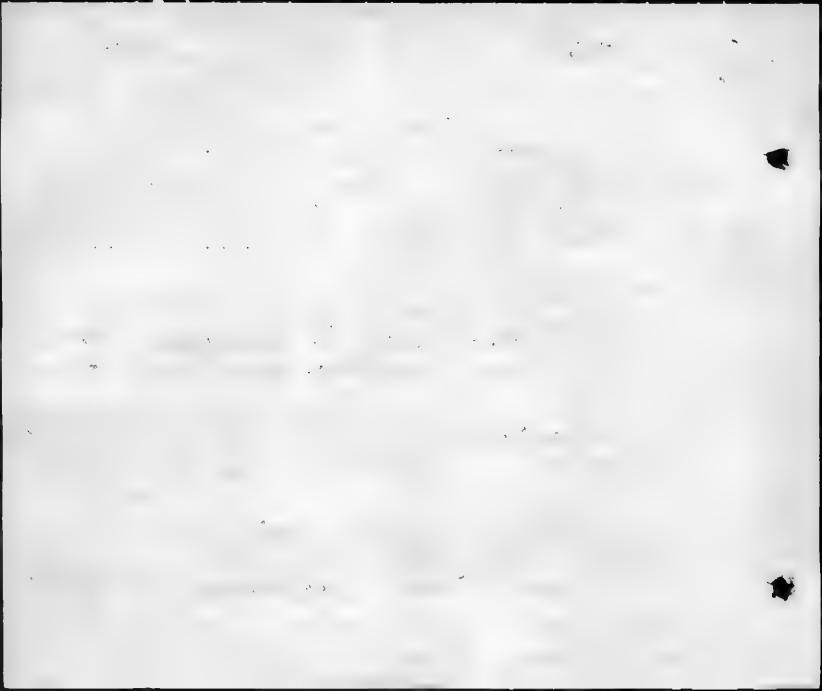
PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item 200, Film 6300 11/15/61 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edm sp.on) PLACE OF DEATH a. COUNTY b. COUNTY Montgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest fown? filled in b Pages 1 i urs after Dallas Bethesda (Rural 152 davs e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO K 4211 Munger Ave Naval Hospital NAME OF Middle DECEASED DEATH (Type or print) November 5 19 Jackson Vera 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Caucasianwidowed October DIVORCED [Female physician 1 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. A RTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) Mississippi Housewife and in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Dora Rayborn Jake Goodnight WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yes. no. or unkown) (Ifyesg:vewerordetesofservice) HUS: Deloyd Jackson, Same as #2 signed by the 1B. CAUSE OF DEATH [Enter only one cause per ane for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. GANGRENE OF LOWER EXTREMITIES IMMEDIATE CAUSE (e) **DUE TO** PROGRESSIVE ARTERIAL OCCLUSION Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying ARTERIOSCLER OSIS PART I., OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY After this certificate PERFORMED? NO 20e ACC.DENT WAS UNDERLYING [] | 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item IB.) CERTIFI OR CONTRIBUTING CAUSE OF DEATH 2De PLACE OF INJURY (Home, ferm, 20f. (City or town) (Slete) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) may be retained DIRECTOR: Af fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that (X (this hospital) attended the deceased from June 20,, 19 61 November 5, 1961, that (X) (we) last saw the deceased alive on NOVEMBER 5. 19. 61. and that death occured ap.: HORM from the causes and on the date stated above. 22b DATE 22a SIGNATUR S GNED ATTENDING DIRECTOR PHYS. ADDRESS 22c. PHYSICIAN'S 22d. NAME [Type] U. S. Naval Hospital, Bethesda, Md. GILSON LT MC USN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCALON (City, town or county) 23a. BURIAL, CREMATION, 1 236. DATE THEFEOF REMOVAL (Specify) Arlington National Cemetery Arlington, Virginia Burial 133 JADBERSS MONTGOMETY AVEZSO. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) FUNERAL HOME, Rockville, Md. Civilius S. Thrus

PYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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O FUNA
director,
be filed VR AI5 (4) 15M 9/60





MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DE 2. USUAL RESIDENCE (Where decresed lived, If institution, Residence before edmission) a. COUNTY e. STATE b. COUNTY by the and 2 death. Mont gome ry
b. CITY OR TOWN (if outside corporate limits, MARYLAND Maryland Maryland

c. CITY OR TOWN, If outside corporate I m is, write RURAL and 3 ve neeres fown: c. LENGTH OF STAY IN 16 write RURAL and give neerest town) affer Takoma Park 3/4 hours Silver Spring d NAME OF HOSPITAL OR INSTITUTION (finot in hospital, give street address) e. IS RESIDENCE ON A FARM? Id Road YES NO Washington Sanitarium & Hospital Š 302 Mansfield 3. NAME OF Month Year DECEASED OF (Typa or print) DEATH Nora Cecilia November Kellev IF UNDER 24 FIRS 6. COLOR OR RACE, 7. MARRIED NEVER MARR ED B. DATE OF BIRTH lest birthday) | Months | Days House DIVORCED | May 23, 1871 Female white WIDOWEKK 949 TDa USJAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 THPLACE County & State or to sign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland Homemaker Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Patrick Brodrick Mary Lenard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? () SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no, or unkown) | (If yes give war or detes of service) 302 Mansfield Road Theresa McMahonsilver Spring, Marylandween None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (e) 20110 DUE TO (b) gave rise to immadiate causa **DUE TO** (a), stating the underlying the bur burial, cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY CATION PERFORMED? NO A prior 2De. ACCIDENT WAS UNDERLY NG | 20b. DESCR BE HOW INJURY OCCURED. (Enter netura of injury in Part I or Pert II of Itam 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 20e. PhaCk Of INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bildg , etc.) Not While at work et work p.m 21. | certify that (1) (this hospital) attended the deceased from all 19 5 16 , 19 (1) (hat (1) (we) last should State and that death occurred at 5.45 M. from the causes and on the date stated above. the deceased alive 225. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 11-1561 22d. ADDRESS 934 Ellsworth Drive, Silver Spring, Md. ... Laughlin filed filed 1 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 0 8 8 BURIAL St. John's Catholic Cemetery Forest Glen, Montgomery Md. 11/18/61 24 EMNERAL DIRECTOR'S OIGN 25%, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE VR A15 (4) Ka 8434 GEORGIA AVENUE Ciril I. Thouse INC. SILVER SPRING, MARYLAND DAMON 1 7 '61 15M 9/60 4

funeral

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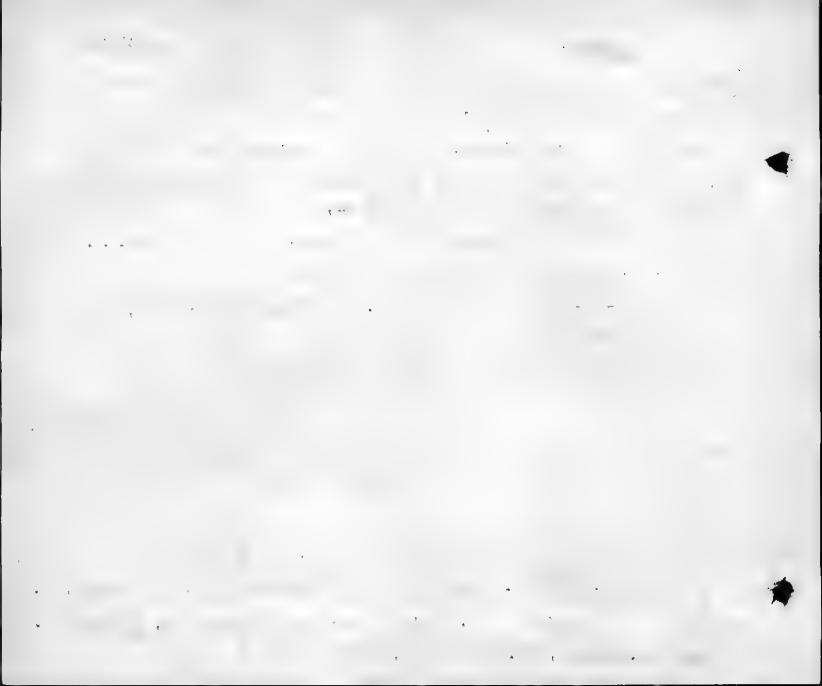
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Pages



DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence between edm ssion) 1. PLACE OF DEATH Montgomery a. COUNTY by the MARYLAND b. CITY OR TOWN (if outside corporate amits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and alve neerest town) Bethesda hour filled in Pages 1 d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 5411 Lincoln Street Suburban Hospital 3. NAME OF 4. DATE M ddle DECEASED OF Comp Nov. (Type or pnnt) Thomas Edward Kennedy DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR lest birthdey) Months April 20, 1899 White Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work physician 10b, KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) Hub Company salesman XXXXX New Hampshire 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending pt Then please val, and in a Thomas Kennedy XX UNKNOWN 15. WAS DECEASED EVER IN U.S ARMED FORCES? Then 16 SOCIAL SECURITY NO 1 17. INFORMANT moval, (Yas, no, or unkown) | (If yes give war or dates of service) Sophia D. Kennedy Lincoln Street, Bethesda, Same as Wife 5411 World War the 18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geva risa to immediate ceuse DUE TO (a), stating the underlying PART I OTHER S GOVERNMENT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(10) 19. WAS AUTOPSY CERTIFICATION as 200 ACCIDENT WAS UNDERLY NO 17 20b DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, ' 20f, (City or lown) Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work RECTO 21. I certify that (I) (this haspital) attended the deceased from...... . and that death occurred at MM, from the causes and on the date stated above. saw the deceased alive on. 22a S GNATUR ATTENDING DIRECTOR PHYS. MD. FUNERAL 22d. ADDRESS 22c. PHYSIC.AN S NAME (Type) 23d. LOCATION (City, lown or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) 0 Burial Arlington National Comptery Arlington, Virginia

256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) Pumphray, Inc. Silver Spring, Maryland DATE NOV 1 4 '61 15M 9/60 Cirthur S. Thomas

RYLAND STATE DEPARTMENT OF HEALTH

Montgomery

12

Days

(County)

e. IS RESIDENCE ON A FARM?

YES NO 3

1961

IF UNDER 24 HRS.

Hours

NTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Stefa)

22b. DATE SIGNED

(State)

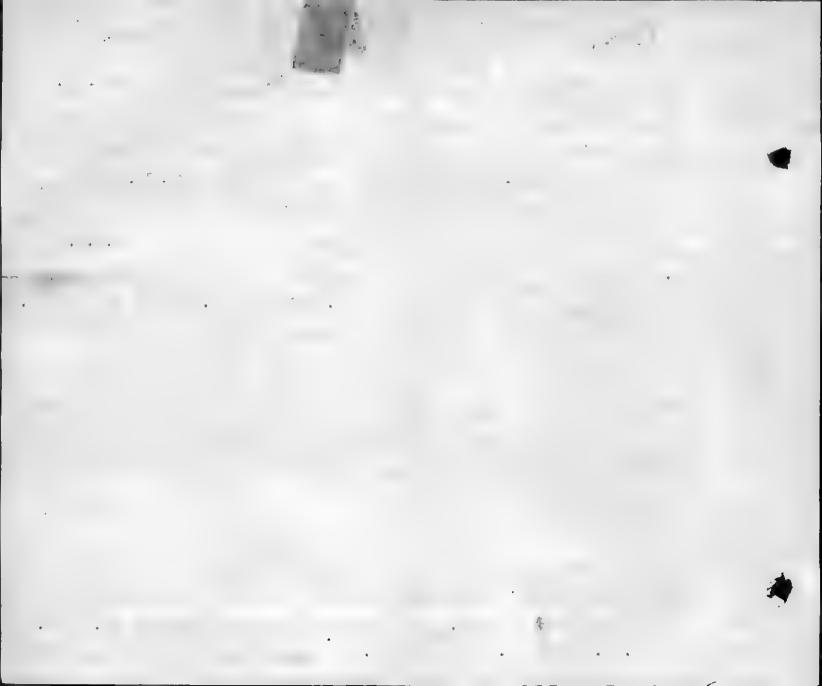
12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Min.



APVIAND STATE DEPARTMENT OF HEALTH BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE Itam 2 Film Chul I. PLACE OF DEATH 2. UBUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmiss on) 4. COUNTY b. COUNTY Montgomery es. MARYLAND b. CITY OR TOWN lif outside corporate limits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write Rt RAL and give nearest town) write RURAL and give nearest town) Bethesda 26 days washin, tun. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Suburban NAME OF M ddle DATE DECEASED DEATH (Type or print) Nov. 12.1961
9. AGE (In years | IF UNDER 1 YEAR Ina B. Kenner 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS 5. SEX last birthday) WIDOWED T Fema le DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S.A. Housewife Ohio pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Black A. Peter Addres 8800 Glenvi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT [Yes, no, or unkown]) [If yes give were r detas afservice] Mrs. Elizabeth C. George Silver Spg. Mc none 1B. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH Cerebral infanction PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate couse DUE TO (a), stating the underlying PART II. OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11-01 19. WAS AUTOPSY PERFORMED? 8 5 weeks YES IN NO 4 σ, DESCRIBE HOW INSURY OCCURED, (Enter nature of Injury in Part I or Part II of Ham 18.) 200. EXTERNAL CAUSE WAS 206. shoul PRIMARY | or CONTRIBUTING el from chair in her room at mong home 200 injury Occurred 200, PLACE OF INJURY (Home, form, 201. (City or town)) CAUSE OF DEATH. the Chief I R: Page 3 s ior to buris Month, Day, Year fectory, street, office bldg., etc. st work of work 다. 다. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection and in my opinion DIRECTC Bd agent, p death resulted from Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER K NAME (Type) Address (Street, city, town, or county) 778. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION ICITY, JOHN DE COUNTRY (State) REMOVAL (Spacify) 740 p Ft. Lincoln Crematory Prince Georges Co. Washington, D.C. 244. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE cremation Washington, D.C. 23. FUNERAL DIRECTOR VS. A15ME The S. H. Hines Co. 2901 14th St.NW Curlmun S. Kraus MIV 1 5 '61 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

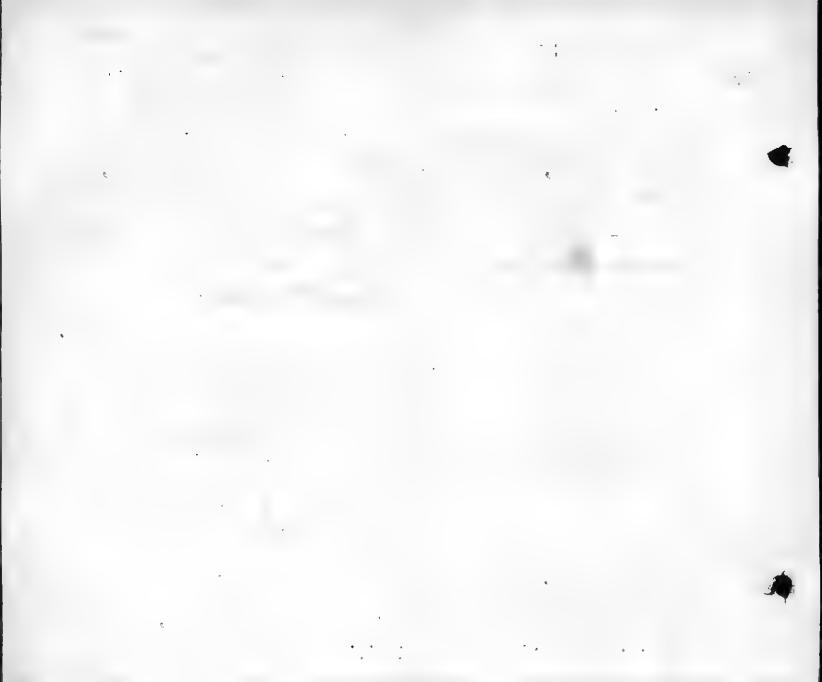
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-	1. PLACE OF DEATH			re deceased lived. If institution.	Residence before admission)			
	montgomeny	MARYLAND	o. STATE MARK	land b. COUNTY	Montamon			
	b. CITY OR TOWN (If outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If A	itside corporate limits, write RURA	10001 -			
	RURAL and give nearest town)	Imo.	1/	/				
politic (d. NAME OF HOSPITA (If not in hospital, give street		d. STREET ADDRESS	tou	e. IS RESIDENCE			
	OR INSTITUTION	/ /		51	ON A FARM?			
1	Brooke grove toune	ar, or	7/12 614	Ver 2+	YES NO Z			
1	3 NAME OF AT BOTT First FT	ancis Middle K	Latt Lost	4. DATE Month	Day Year			
	(Type or print) / att a a /64	ent Franci	5	DEATH Novemb	er l, 1961			
	S SEX 6 COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8 DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS			
	M WIDOWI	ED DIVORCED	Jaily 11, 18	75 - lost birthdoy) M	onths Doys Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	during most of working life, even if refired) Retired→ Printer		Baltimor	e-Mid.	71511			
	13. EATHER'S NAME		14. MOTHER'S MAIDEN N	AME	404,			
	7/2 2 1/11		- Unknow n					
	Herman - Klatt							
	{Yes, no, or unknown} { (If yes, give wor or dates of service) }		NFORMANT A-1	A) Address				
		10	Josqual a	Received				
	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and 😭.]			INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	bremin.			2			
	LL. DUE TO	^	0. "	^	1) male			
	Conditions if any which	r Don I nell a	had a land	in lung collais	an lossolle			
	gove rise to immediate	STATE OF THE STATE	CANT COLOR	Who are work	1 sansward 1 11 15			
	Couse (o), storing the <u>under-</u> Tying couse lost.				,			
	[10]							
	PERFORMED?							
	YES NO TO ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port or Port of item 18.)							
	OR CONTRIBUTING EL CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	C. (chief horore of lightly lit re					
4			ACE OF INJURY (Home, form,	20f. (City or town)	(County) (State)			
	O)	k ol work						
	21 I certify that (I) (this haspital) attend	led the deceased from	10-5- 196	2/ to 11-1-	. 19.6./. that (1) (we) last			
	saw the deceased alive an 10/27-119 Pl and that death accurred at 12 M, from the causes and an the date stated above.							
220. SIGNATURE ATTENDINO MED. STAFF PHYS. DIRECTOR PHYS. D 22c. PHYSICIAN'S				22b. DATE				
				D. STAFF	SIGNED			
				ECTOR ET THIS. ET				
i	NAME (TYPET) J. P. Martin Sandy Spring Maryland							
	230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spec by)	23c NAME OF CEMETERY O		23d LOCATION (City, town, or c	3.6 % 3			
	Burial 11/3/61	Baltimore C			Mary land			
	The S.H. Hines Co2903	l luth St. N			AR'S SIGNATURE			
		ning to n 9.D.	O DATE HO	Jy 3 01 Cha	hurs S. Through			

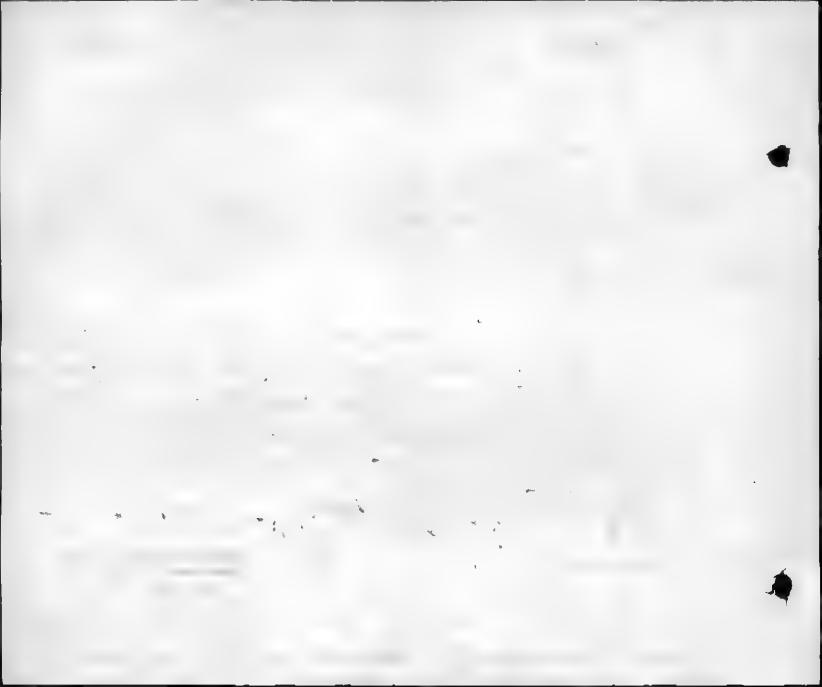
urs after death. Page 4 ine arrending physician and completely filled in by the funeral directar. Then please remove carbon papers. Pages 1 and 2 shauld be filled with and in any event, within 72 hours and in any event, within 72 hours and in any event. TO HOSPITAL TRATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be. The by the hospital or attending physician.

TO FUNE A DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death VR A18 (4) 1SM 9/59

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RYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission) a COUNTY **b.** COUNTY Mantoon My b. CITY OR TOWN (if outsets corporate I mits, MARYLAND c, CITY OR TOWN (If outside corporete I mits, write RURAI/end give nearest town) ò write RURAL and give neerest town) .≘ ← d. NAME OF HOSPITAL OR INSTITUTION III not in hospita., g ve street eddress 72 hours after LAKON 4 Pages e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Morth DECEASED (Type or print) DEATH 19 40/ 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 7. MARRIED NEVER MARRIED lest birthday) WIDOWED X DIVORCED physician 10e, USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & State, or fore an country) done during most of working life, even if retired) Mouscitte attending pl 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyas give werordetes of service) 18. CAUSE OF DEATH [Enter only one cause per the for (e) (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO gave risa lo immediale cause (e), stelling the underlying PART II. OTHER SIGNIFICANT CONDIT ONS NO 💢 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Eyer nature of figury in Part I or Part II of item 18.) IF EITHER, NOTIFY MEDICAL EXAMINER (Stele) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Yeer fectory_street, office bldg , etc.) While Not While al work at work 21. I certify that (I) (this hospital) attended the deceased from a ...19 19, and that death occured at 200, from the causes and on the date stated above. the deceased alive on. 22b. DATE ATTENDING PHYS. 5940 Piney Branch Road, N. W. NAME (Type) Washington 12, D. C. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C.ty, lown or county) (Stete) BURLAL CREMATION: 236 DATE THEREOF 5 C 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Cilling & Krone



PRESTON STREET, BALTIMORE 1, MARYLAND FCR STATE MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY e. STATE necessary, ector, Page **b.** COUNTY MARYLAND b. CITY OR TOWN II outside corporate limit c. LENGTH OF STAY IN 16 obtside corporete limits, write RURAL end give merest town) d. NAME OF HOSPITAL d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION (if not in hospital, give street eddrass) ON A FARM? HAME OF YES NO 0 0 Middle DECEASED (Type or print) DEATH 1961 AGE (In years | IF UNDER 1 YEAR 5 SEX B. DATE OF BIRTH IE UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED [DIVORCED 10s. USJAL OCCUPATION (GIVE ATION of the done during most of working life, aven if retirad) 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? None pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I Address (Yas, no, or unknown) | (If yes give wer or detes of service) ped 18. CAUSE OF DEATH [Enter only one cause for line for to] /7(b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Zusun IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immadiate cause DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY Medical Ex should be u PERFORMED? NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, * 20f. (City or lown) (County) (Stete) fectory, street, office bldg., etc.) Not While While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion 0 5 forwarded to L DIRECTO ated egent, p Natural causes X. death resulted from. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER 📈 NAME (Type) JAOSCH ZKH Address (Street, city, town, or county) 220, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. TOCATION (City, town, or country) REMOVAL (Specify) 240 g Burial Gate of Heaven Cem. Silver Spring. 23. FUNITAL DIRECTOR 246. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE a ilway & Kroug VS. A15ME 761 Bethesda, DATE DEC Mary Land

MARYLAND STATE DEPARTMENT OF HEALTH

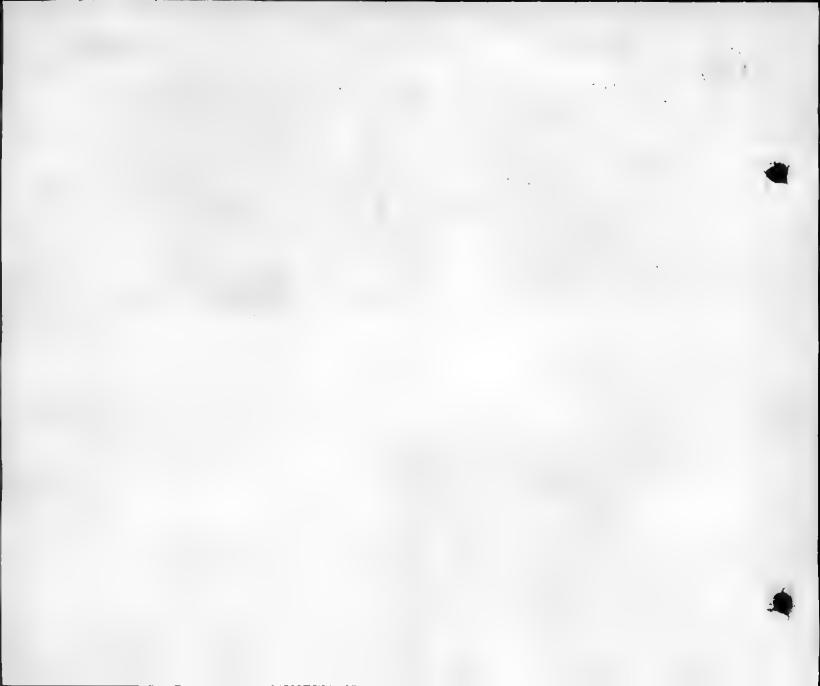


1 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	12841 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12827
is after death. If the Calay is necessary, The St. 2, and 3 to the Sheral director. Page TY age 5 may be retained for your files. 72 how suffer death.	I. PLACE OF DEATH c. COUNTY Montgomery C. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Washington San and Hosp January Middle Lest Month Dey Year Middle Lest Month Dey Year Month Dey Months Dey Month Dey Dea Dea Dea Dea Dea Dea Dea
cate should be executed within 24 hor nding" in pencil in Item 18. Give Page iner's Office along with form PM3. F d as a burial-transit permit. File pages or removal, and in any event within	13. FATHER'S NAME Charles E. Kraus Sr. Clara Henretty 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifysasgiveweror deles of service) 579-05-8415 NO 18. CAUSE OF DEATH [Enter only ona cause par line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A COnditions, if any, which gave rise to Immediate couse (b) DUE TO (c), stating the underlying cause lest. DUE TO (c), stating the underlying cause lest. In Maryland 14. MOTHER'S MAIDEN NAME CLara Henretty Maryland 14. MOTHER'S MAIDEN NAME CLARA HENRETTY Address Wife INTERVAL BETWEEN ONSET AND DEATH CONDITIONS ONSET AND DEATH Conditions, if any, which gave rise to Immediate couse (c), stating the underlying (c).
MEDICAL EXAMINER: This certifit te the certificate, writing the word "performanced to the Chief Medical Examiner L DIRECTOR: Page 3 should be use aled agent, prior to burial, cremation.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I [a] 19. WAS AUTOPSY PERFORMED? YES X NO 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF CONTRIBUTING NOT WHILE PRIMARY or CONTRIBUTING RECEIPT, Street, office bldg., elc.) 20c. TIME OF INJURY Month, Day, Year While Not While Rectory, street, office bldg., elc.) 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Indicated
TO DE. AT 10 DE.	EXAMINER'S NAME (Type) Prank J. Broschart, M.D. Address (Streat, city, fown, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) BURIAL (Specify) BURIAL (Specify) BURIAL (Specify) BURIAL (Specify) 11/8/61 Fort Lincoln Cemetery Prince George's County, Md. 23. FUNERAL DIRECTOR ADDRESS ADDR



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, [astitution; Residence before edmission) a. COUNTY b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside apparete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN M outs'de corporete Lmits, write RURAL end give negrest town) Write RURAL and Tive neerest town) rs. Pages 1 a hours after o filled in Pages 1 12 (B) 000 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO F papers. 3. NAME OF DATE Month Dev Year 72 DECEASED OF (Type or print) DEATH 19 com carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX pue last birthdey) Months Hours WIDOWED DIVORCED physician remove 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State or foreign country) done during most of working life, even if retired! 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 [Yes, no, or unkown] (If yes give wer or deles of service) the 18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c). ONSET AND DEATH DEATH WAS CAUSED BY: Un bestolly IMMEDIATE CAUSE (e) DUE TO Conditions, if a ∞ก็≎h gave rise to immediate cause DUE TO (e), steting the underlying certificate ha PART I. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of lam 18) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH for the this: Affer 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. [City or town] (County) (Stete) Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work DIRECTOR: .19... Lef., and that death occured at all the from the causes and on the date stated above saw the deceased alive on..... DATE 22e. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. 2-YERAL 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) 23s. BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) Circums S. Throng 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE 1. PLACE OF DEAT 2. USUAL RESIDENCE (Whare daceased | vad. f institution; Residence before admission) . COUNTY **b.** COUNTY b. CITY OR TOWN if outside corporate limits. MARYLAND c. LENGTH OF STAY IN 15 a. IS RESIDENCE ON A FARM? YES NO DECEASED (Typa or print) DEATH 19 5. SEX 9. AGE (In years | IF UNDER I YEAR ! IF UNDER 24 HRS. last birthday) WIDOWED T 12. CITIZEN OF WHAT COUNTRY 18. CAUSE OF DEATH |Enter on y ona IMMEDIATE CAUSE (a) DUE TO (6) gave rise to immediate cause teriosclerisis generalized **DUE TO** PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 208 ACC. DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I, of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stata) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, streat, offica bldg., atc.) Not While Whila et work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive 22b. DATE 22a, SIGNATURE DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 230. BURIAL, CREMATION, 236. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY Rock Creek Washington D. C. ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

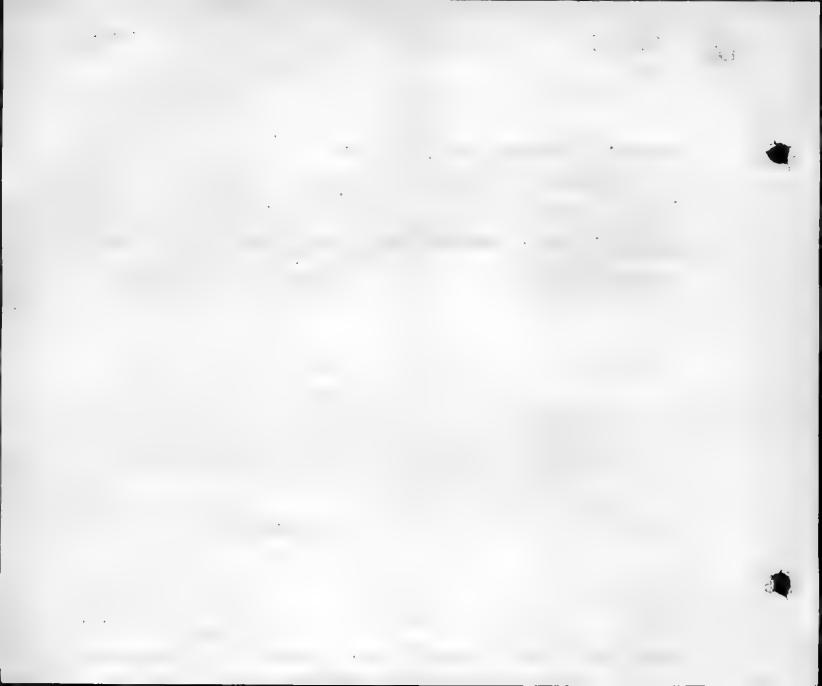
OF. VR A15 (4) 15M 9/60

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Francis Gasch's Sons

Hyattsville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY ORNOWN (if outside korporate limits, c. CITY OR TOWN (If outside corporete I mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write KURAL and give negrest town) WAShington Kheaton. . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d STREET ADDRESS ON A FARM? YES NO Middle Month DECEASED DEATH 1961 (Type or print) 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 5. SEX last birthday) Months EMAKE WIDOWED Z 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION Give kind of work IDb. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE [County & State, or foreign country] dona during most of working life, even if relired) None - HOUSEWIFE 13. FATHER'S NAME UNKKNOW H UNKMOWN Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyesgivewerordetesofservice) 2500 RESS Rd MRS Sheldon WIKES 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH Thro Mbosis PART I, DEATH WAS CAUSED BY: Cerebral IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geva risa to Immadiele ceusa DUE TO (a), stelling the underlying PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s) 19. WAS AUTOPSY PERFORMED? Parkensons 1715 Clave YES NO D 20b DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part i or Part II of item 18.) 2De. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER (State) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While et work et work to 11/26 , 196 , that (I) (we) last 19.61, and that death occured aff. 3.M, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22a. SIGNATURE SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 2025 EAST WEST H'way Silver Jums. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 238, BURIAL, CREMATION, | 235, DATE THEREOF REMOVAL (Specify) MT. LEBANON CEMETERY 3501-14-0

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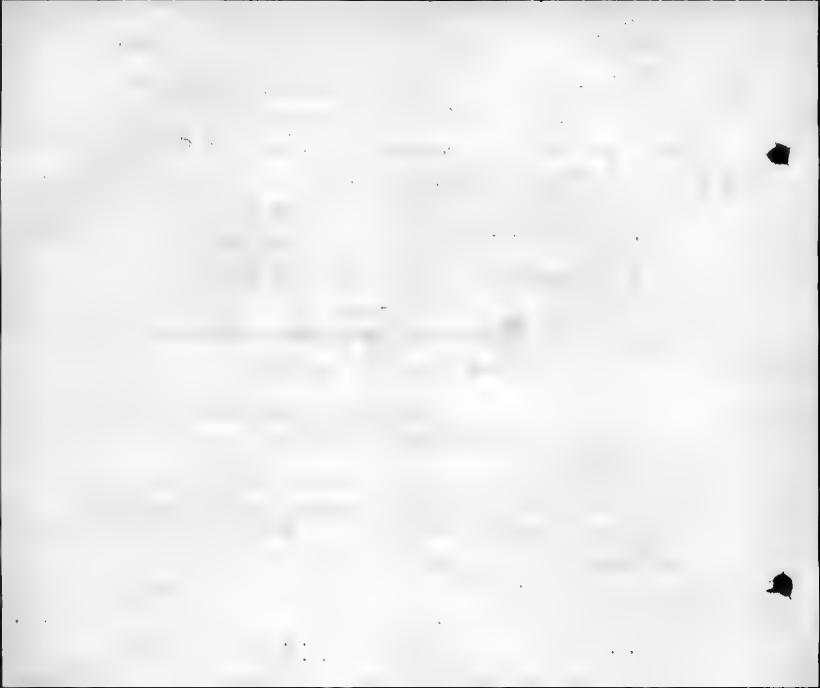
and col

VR A15 (4)

15M 9/60



BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) 1. PLACE OF DEATH MERVIAND corporate limits, write RURAL and give nearest town) OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 filled in Pages . IS RESIDENCE ON A FARM 72 hours YES TO NO сотріет DECEASED OF (Type or print) DEATH ffin carbon NEVER MARRIED 8. DATE OF 7. MARRIED lest birthdey) Months physician and DIVORCED WIDOWED 1 12. C TIZEN OF WHAT COUNTRY? геттом Depterst of of a Commerce COLOR 13. FATHER'S NAME ding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO (Yes, no, or unkown) | (If yes give were rdetes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEAT DEATH WAS CAUSED BY IMMEDIATE CAUSE (el geve rise to immadiate cause DUE TO (e), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY certificate PERFORMED? NO 7 208. ACCIDENT WAS UNDERLYING JOP CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20c. TIME OF INJURY | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Dey, Yeer factory, street, office bldg , etc.) Hour e.m. While Not While at work at work may be retaine DIRECTOR: 21. | certify that (I) (this hospital) attended the deceased from ... / ... and that death occured and M, from the causes and on the date stated above. say, the deceased alive on ... /./ 22b. DATE 221. SIGNATURE STAFF SIGNED ATTENDING Conuce DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Bageant NAME (Type) Samuel director, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Prince Cemetery Georges County, Md. 254. REC'D BY REGISTRAR , 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Hines Company 15M 9/60 Cirman S. Timen Washington, D. C. DATE



AND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission) . COUNTY b. COUNTY ONTGO ERY necessary, ector, Page Health, director. Page MONTGOMERY MARYLAND b. CITY OR TOWN (f outside corporate limits. e LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) for your Board of H write RURAL and give nearest town) BETHESDA 20 mins. BETHESDA d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Hospital retained to State B 7009 AMY LANE YES NO 3. NAME OF 4. DATE Month Year DECEASED OF (Typa or print) DEATH Rov after PHILIP NOV. 19 67 3 to 6. COLOR UR TACE 7. MARRIED TO NEVER MARRIED 5 SFY 8. DATE OF BIRTH 9. AGE (In years HF UNDER 1 YEAR IF UNDER 24 HRS. Pay 2 last birthday) Months Days Hours WIDOWED [DIVORCED 108. USUAL OCCUPATION (Give kind of work ي ۾ دي 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHE 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages I PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Philip Littke Lerva Stillman <u>e</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or deter of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN along v transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Office burial-t gave rise to Immediate cause us ra DUE TO (e), steting the underlying Examiner pesn cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION Medical Ex should be PERFORMED? Word 20b. DESCRIST HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part 11 of From 18.) 200. EXTERNAL CAUSE WAS PRIMARYS or CONTRIBUTING CAUSE OF DEATH. NO 0 writing I Chief A Page 3 s Deer 20th. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, 20f. (City or town) While Not While logicity, streety office bldg., atc.) TOR: Page 3 20c. TIME OF INJURY (County) (State) al work al work 1961 21. I certify that I took charge of the remains described above, held an Autopsy | |, Inspection Inquiry forwarded to DIRECTO death resulted from: Natural causes Accident Suicide K. Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Brochart Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stelle) REMOVAL (Specify) E40 9 Burial Arlington Cemetery Arlington. 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Robert A. Pumphrey, Bethesda, Maryland NOV 3 0 '61 Orthun S. House 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, If institution, Residence before admiss.on) e. COUNTY m. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporde limits, words RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outs de corporete limits, write RURAL end give nearest town) directo d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF Middle 4. DATE Month DECEASED OF the (Type or print) DEATH after South 5. SEX AGE (in years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED [DIVORCED ISUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working [sie, avan if retired] omesti pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ALMED FORCES? I 16. SOCIAL SECURITY NO. I 17. INFORMANT Address (Yas, nb, or unkown) ! (If yas give we perdetes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c). e along I-transit PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 420.1 Office **DUE TO** burial Conditions, if any, which (b) gave rise to immediate cause 10 **DUE TO** (a), steting the underlying cause lost. used cremation, PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 8 the word Medical should be 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part II of Jam 18.1 Chief Meage 3 short of burial. PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f, (City or town) Pag 2 factory, street, office bldg., atc.) While Not While Hour e.m. to the prior et work at work scute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 1 Inquiry 📈 Be forwarded to Ŭ death resulted from: Natural causes Accident Undetermined manner Suicide Homicide [CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY Address (Street, eity, town, or county) DEL 228. BURIAL, CREMATION 226. DATE THEREOF T 22d. LOCATION (City, town, or country) REMOVAL (Specify) Sandy Spring, Md. Ash Memorial.. Q40 g ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Rockville, Ma. 5M 9/60

a. IS RESIDENCE ON A FARM? YES NO

194 /

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO P

(Stete)

and in my opinion

DATE SIGNED

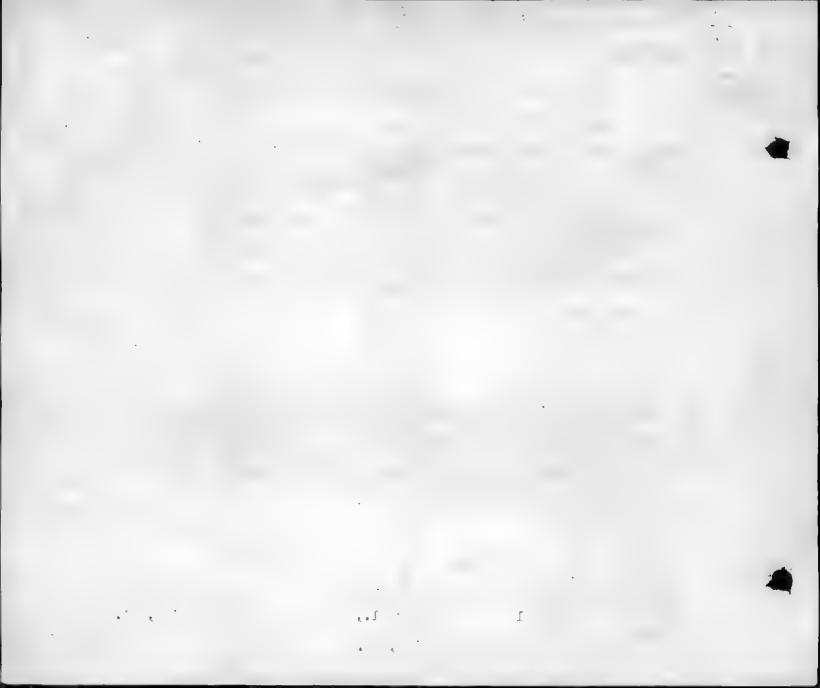
(Steta)

12. CITIZEN OF WHAT COUNTRY?

Davi

(County)

Year





20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Hour D. J. p. m.

21. I certify that I ottended the deceased fram,

ADDRESS (Street, city or town, state)

DATE SIGNED

(State)

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

ACTUAL SIGNATURE

CERTIFIC

22a. BURIAL CREMATION. 22b. DATE THEREOF

4/61

22c. NAME OF CEMETERY OR CREMATORY

22d, LOCATION (City, Jown, or county)

Maryland

Parklawn Cemeterv Buria. 23. FUNERAL DIRECTOR'S SIGNATURE

24g, REC'D BY REGISTRAR Robert A. Pumphrey, Bethesda, Maryland

Olney.

24b. REGISTRAR'S SIGNATURE

Rockville. Maryland

filed with director

pe

shauld

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death. uneral a. COUNTY

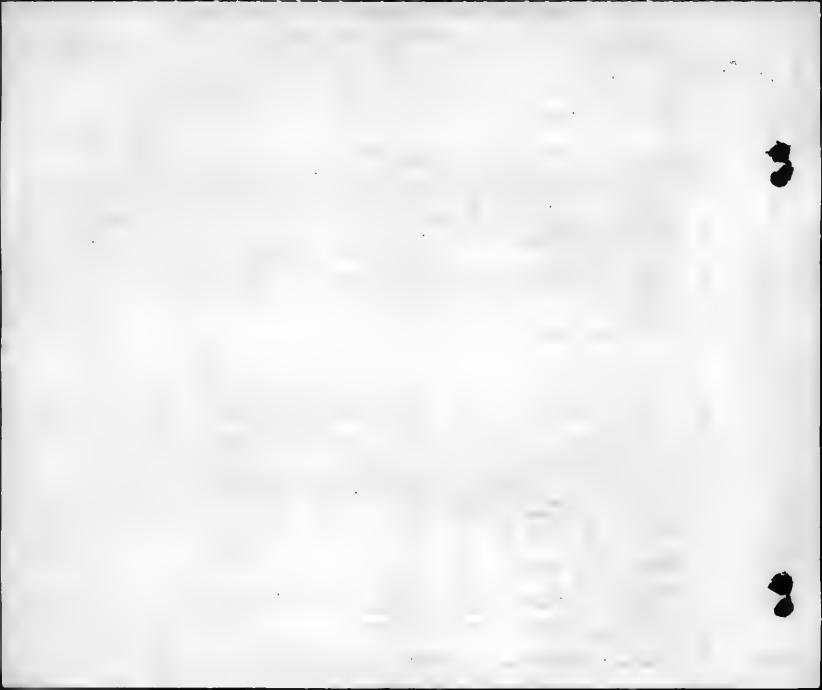
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NAME OF

DECEASED

5. SEX

[Type or print]



	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12830 12830
1)	1. PLACE OF DEATH e. COUNTY MONTGOMERY b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
3	Withe RURAL and give neerest town) OLNEY d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) MONTGOMERY GENERAL HOSPITAL 51 MERRYMAN STREET
	MONTGOMERY GENERAL HOSPITAL NAME OF DECEASED (Type or print) MELVIN EUGENE MAKLE MERRYMAN STREET Dev Yeer OF DEATH Dev Yeer OF DEATH Death Dev Yeer OF DEATH Death Description MAKLE Description Desc
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS last burthday) Months Days Hours Min. 10a JSUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, B RTHPLACE (County & Stele, or fore gn country) 12. CITIZEN OF WHAT COUNTR
-	MONT GOMERY; MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
-	RAYMOND WILLIAM MAKLE LAURA VIRGINIA DORSEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Ves, no, or unknown) (Ifyesgive-werordetes of service) NO. HOSPITAL RECORDS
	PART I. DEATH WAS CAUSED BY, !MMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate cause (e), steting the underlying Cause lest. Interval Between on the force (e), (b), and (c).] Interval Between on the force (e), (b), and (c).] Interval Between on the force (e), (b), and (c).] Interval Between on the force (e), (b), and (c).] Interval Between on the force (e), (b), and (c).] Interval Between on the force (e), (b), and (c).] Interval Between on the force (e), (b), and (c).]
2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPS' PERFORMED? YES NO CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	ZDc. TIME OF INJURY Month, Dey, Yeer Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) While Not While et work et work et work
	21. I certify that (I) (this hospital) attended the deceased from
1	22c. PHYSICIAN'S NAME (Type) CHARLES S. WHITAKER, M.D. CLARKSVILLE, MARYLAND 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stote)
	REMOVE THE TOTAL CREMATION 235. DATE TIPE TO THE TOTAL CONTROL OF THE TO
	Robert L. Suowder Rockville, Md. DATE NOV 20'61 Contain S. Hinns
(LU 13 LT 3X V 6



TO PORTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be excessed within 24 hours after death.

See the confidence of the hospital or attending physician.

TO FUND AL DIRECTOR: After this certificate has been signed by the attending physician and completes filled in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12837

1. PLACE OF DEAT	н		11	CE (Where deceased		lesidence before admission)
Montgomery		MARYLAND	a. STATE Michigan		b. COUNTY	
b. CITY OR TOWN	(if outside corporate limits, d give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate ti	mits, write RURAL and	I give nearest town)
Germantown		2 years	Royal Oak			
d. NAME OF HOSP	ITAL OR INSTITUTION (if not in hos	prial, give street address)	a. STREET ADDRESS		EGV	IS RESIDENCE ON A FARM?
Marylander	Nursing Home		1st Street		- / ^	YES NO TO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Year
(Type or print)	Grace	Gertrude	Martin	OF DEATH	Nov. 1	6 1961
5. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 1	. DATE OF BIRTH		(In years IF UNDER 1	YEAR IF UNDER 24 HRS.
Female	White wpowi	mark Printer	ovember 29, 1	1879 81	wrs, Months	Days Hours Min.
10a. USUAL OCCUPA	ION [Give kind of work 10b, K	IND OF BUSINESS OR INDUSTE	TY 11 BIRTHPLACE (Count	ly & State or foreign	country) 12. CITI	ZEN OF WHAT COUNTRY?
Homemaker	orking life, even if retired)	wn Home	Pennsylvan	i o		U.S. A.
13. FATHER'S NAME		WII INCOME	, 14. MOTHER'S MAIDEN	M W		UgDş Ag
No	TT TT:		************			
	VER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17	Laura Fleto	cher	Address	
(Yes, no, or unkown)	If yes give war or dates of service)			2605 B	lmont Stre	et
NO 18. CAUSE OF	DEATH [Enfer only one cause per l	None Mr	. David Bisho	p Silver	Spring, M	INTERVAL BETWEEN
	TH WAS CAUSED BY	interpretation C.	6 N : mon 10.	War - la	as and	ONSET AND DEATH
444	IMMEDIATE CAUSE (a)	at somethic s	an Ancountains	moin Tr. Oct) Tool	- company
Constitution of	DUE TO					/
Conditions, if an	(0)					
(a), staling the	DITE TO					
causa last.)(c)					45 346 44 45
PART II. OTHE	R SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDI	TION GIVEN IN PART	PERFORMED?
[[Z						YES NO
A CONTRIBUTING	AS UNDERLYING [] 20b. DES CAUSE OF DEATH MEDICAL EXAMINER]	CRIBE HOW INJURY OCCURED), (Enter natura of injury in f	Part I or Part II of Hen	n 18.)	
3 20c. TIME OF INJ			CE OF INJURY (Home, farm		vn) (Cou	rity) (State)
20c. TIME OF INJU	While 19 at wor	- I don trilling	tory, street, office bldg., etc.			
	that (I) (this hospital) atten-		VM-10.	1960, 10/10	W / / 10 101	C(, that (I) () last
saw the decea	7/1-1-15	f >	death occured at		* *	
22a. SIGNATURE		A A A				22b. DATE
- An	men W. Kinn	Mado.		AED. STA		SIGNED
22c. PHYSICIAN'S	10000	- N	22d. ADDRESS			TT/TONOT
NAME (Type	James P. Ker	r	Dama	scus, Md		
23a. BURIAL, CREMAT	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY			(City, fown or county	(State)
REMOVAL (Spenify CREAMTION	11/17/61				GEORGE'S C	OUNTY MD.
24 FUNERAL DIRECTO	R'S SIGNATURE A 34	ADDRESS ADDRES	CREMATORY		25b. REGISTRAR'S	
WARNER	PUMPHRRY FUNDA	orgiadavenue, : Home	SILVER SPRING	MOY 2 0 '61	arthur	
	THE POST OF	TOTAL	DATE			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B

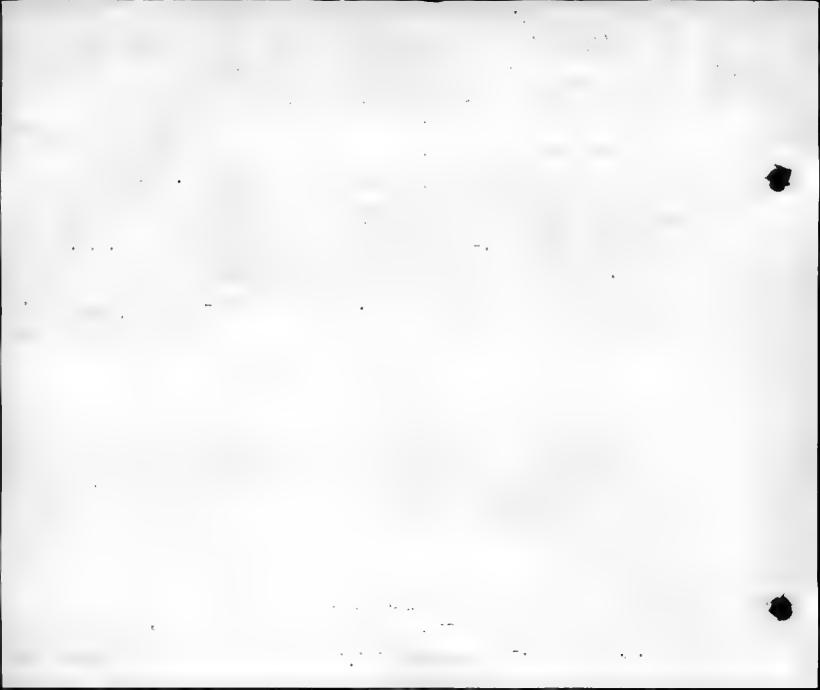
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12852 CERTIFICATE OF DEATH

	12852	CERTIFICAT	TE OF	DEATH		12838	
Ī	PLACE OF DEATH a. COUNTY		2. USUA a, STA	- ,	Where dacessed lived, If ins		
4 _	Montgomery	MARYLAND		riary 18	i, i.a.i	Montgo	3 mg T. ?
	b. CITY OR TOWN, if outside corporate limits, write RURAL and give nearest town)	e. LENGTH OF STAY IN 16	11,000	or town (If out	ide corporata limits, write R	URAL and give nearest to	₩n)
-	Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	nital management		ET ADDRESS	_	1 2 15 1	RESIDENCE
1		Miles, Blas steet acchais?			_	ON	A FARM?
3	6201 Green Tree Road	Middle	1 6 La	st 4, 1	en Tree Roa	Day, Yes	аг Д ио 🔽
1	(Type or print) GTADYS	A M	CALLT		DEATH NOV. 2	24. 19	61
1 5			DATE OF B		9. AGE (In years) If	UNDER I YEAR IF UNDE	R 24 HRS
I	Female White WIDOWE	DIVORCED [1/25/	1887	74 77	Aontha Deys Hours	Mn
1	On USUAL OCCUPATION (Give kind of work lone during most of working life, even if refired)	ND OF BUSINESS OR INDUSTR	Y 11, BIRTH	PLACE (County & :	State, or foreign country)	12. CITIZEN OF WHAT	COUNTRY?
	Chief Operator-Tel.Co.	-in Nebrask		linois_er's Maiden Nam	E	U.S.A.	
	John A. Peugh		M	innie Hu	irlbutt		
$\frac{1}{1}$		SOCIAL SECURITY NO. 17.			Address		
	Yas, no, or unkown) (Ifyesgive war or dates of service)			lva Ande	6203	Green Tree	e Rd.
-		2-01-0401	u De.	IVE Alla	Bethe		Land
	18. CAUSE OF DEATH (Enter only one cause per li	ne for (a), (b), and (c).]	1	00-0	. 1	ONSET AND	DEATH
	IMMEDIATE CAUSE (a)	UBIIBLE 1	YLYOC	AKDIA	LINFAI	ECTION 9	LHK
	420.0 DUE TO		, ,				
	Conditions, if any, which \ (b) ART	EKIOSCIED!	DTIC	HEAL	RT DISE	ACET	
П	gave rise to immediate cause		Peril mer v proce		The same	1 1	
П	(a), stating the underlying DUE TO						
Nottag		TRIBUTING TO DEATH BUT NO	T RELATED T	O THE TERMINAL D	DISEASE CONDITION GIVEN		AUTOPSY ORMED?
		CRIBE HOW INJURY OCCURED	, (Enter natur	a of injury in Part I	or Part II of item 18.)		1-7
CERTIE			•				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I			Y (Home, farm, 2	Of. (City or town)	(County)	(State)
1 2	Hour e.m. While p.m. 19 at worl	Not While fact	Ory, sriwer, Or	ita mog., arc.,			
	21. I certify that (I) (this despital) attended	1 1		9.1		, 19 6/ that (1)	` '
	saw the deceased alive on	19. Q , and that	death oc	cured at. AN	I, from the causes a	nd on the date state	
	22a. SIGNAPORE)	1///	ATTEN	DING MED.	STAFF	22	SIGNED
	22c. PHYSICIAN'S	4 miss - "		ADDRESS			- 2476
	NAME (Type) EDWARD LEN	IS JR: MI), 58	00 DEE	CH HUEST	DETHESDA,	MD
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c, NAME OF CEMETERY	OR CREMATO	DRY 23	d. LOCATION (City, fown		Stele)
	Removal 11/27/1961				Litchfield	, Nebraska	1
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	δ.	25e. REC'D 81	Y REGISTRAR 256. REGIS	TRAR'S SIGNATURE	
	The S.H. Hines Co290	1 14th St.	W W ·	DATE NOV	27'61 a	Thun S. Kraus	
		the street of th					

TO POSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 hours after death and be remined by the hospital or aftending physician.

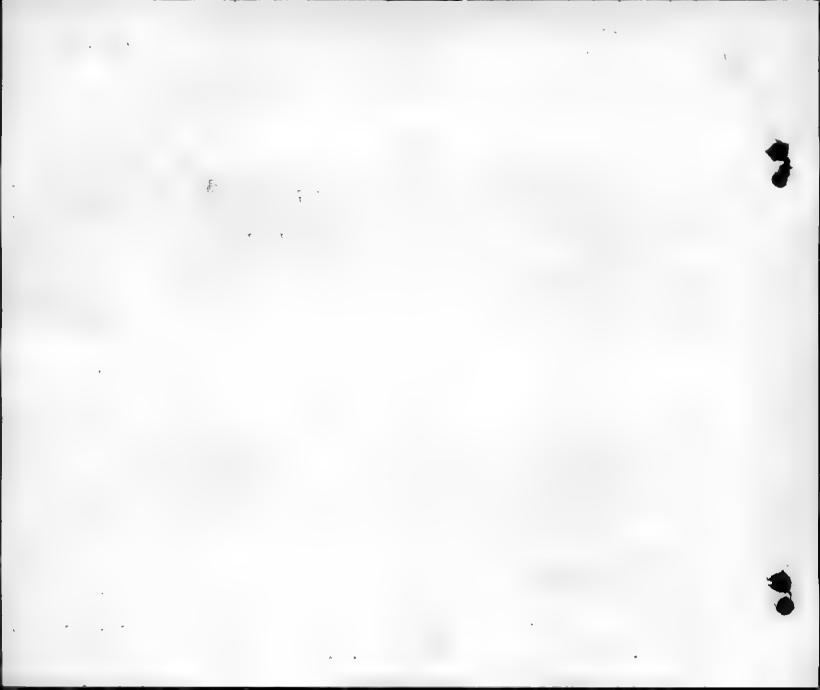
TO CNERAL DIRECTOR: After this certificate has been signed by the attending physician and converted filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A1S (4) 15M 7/61



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after . PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if Institution: Residence before admiss.on) a. COUNTY **b.** COUNTY b. CITY OR TOWN (if outside corporate timits. MARYLAND c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Š write RULAL and give neerest town) days akoma d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street abdress) IS RESIDENCE ON A FARM? YES NO Washing NAME OF DATE Year DECEASED OF (Type or print) DEATH 19/01 6 E (In Years | IF UNDER TYEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IE JNDER 24 HRS. 5. SEX and las, birthday) Car WIDOWED IS physician 10a. JSUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY State, or foreign country) done during most of working life, even if rehred) ĒΘ Housewise 13. FATHER S NAME MOTHER S MA DEN NAME Hut chateine ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, ano, or unknown) ! (If yes give we condates of service signed by the No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (#) **DUE TO** attending Conditions, if any, which (b) geve rise to immediate cause **DUE TO** has (a), stating the underlying cause last. After this certificate PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY a 5 PERFORMED? NO K 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of tem IB) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20s, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year lectory, street, office bldg., etc.) While Not While Hour e.m. may be retaine DIRECTOR: at work at work p.m. 196/ to //00 /7 196/, that (I) (we) last 21. I certify that (I) (this hospitel) attended the deceased from 11/2 1961., and that death occurred ale PAM, from the causes and on the date stated above. saw the deceased alive on 160 DATE 220. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. ERAL M.D. page with ± 22c. PHYSICIAN'S ADDRESS'S NAME [Type] ector, FUN 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 8. d. Cremation OL Fort Lincoln Crematory Prince George Oo. 24 FUNERAL PRESTORS SIGNATURE 256. REGISTRAR S SIGNATURE VR A15 [4] 15M 7 61 C Pumphrey Inc 8434 Georgia Ave Sil-Sp. Md DATE NOV 2 2 '61

RYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY m. STATE Virginia Montgomerv MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) write RURAL and give nearest town) Alexandria (Rural days Bethesda , IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS ON A FARM? 30 Angell Street ES NO A U. S. Naval Hospital 3. NAME OF 4. DATE Firel Middle Last Month Yaar DECEASED OP 19 bl DEATH November 21. (Type or print) (n McKav Kenneth 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH S SEX last, birthday) Months September Male Caucasian woower [DIVORCED [10a. USUAL OCCUPATION (G'va kind of work 12. CITIZEN OF WHAT COUNTRY? 106, KIND OF BUSINESS OR INDUSTRY. 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even it retired) USA Massachusetts Armed Forces U. S. Navv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louise Loud Harry W. McKay IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give war or dates of service) WIFE: Elizabeth S. McKay, Same as II Korea INTERVAL BETWEEN 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise lo immadiata cause DUE TO (a), stating the underlying PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT IN TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Hall 19. WAS AUTOPSY CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of Iam 18.) OR CONTRIBUTING [] CAUSE OF DEATH 20a, PLACE OF INJURY (Homa, farm, 201, (City or town) 20c. TIME OF INJURY Month, Day, Year 20a. INJURY OCCURRED (County) (State) factory, straet, office bldg., atc.) While Not Whila 百 Hour a.m. at work at work 21. I certify that (1) (this hospital) attended the deceased from Sept. 18, 1961 to Nov. 21, 1961 that (1) (we) last saw the deceased alive on NOV. 21, 19.61., and that death occurred at Ra 34.46m the causes and on the date stated above. 226. DATE 22ª SIGNATURE ATTENDING

papers. Pagin 72 hours within carbon and physician гетоув d in attending Pug 70 remova physician. signed by attending has been cortificate 퉙 retained by the IOR: After this defached DIRECTOR: 3 should be det State GITTERAL director, be filled OI VR A1S (4) 15M 7 61

funeral

by the and 2 death.

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Pages 1 ¿

REMOVAL (Specify)

22c. PHYSICIAN'S NAME (Type) S. IRONS LT MC 230, BURIAL, CREMATION, 236, DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

Home Inc. Cameron & Alfred Stigate

Naval Hospital, Bethesda, Md. 23d. LOCATION (City, Jown or county)

DIRECTOR

(State)

November

11-24-61 Burial 24 FUNERAL DIRECTOR'S SIGNATURE

Arlington National Applexandria, Va.

PHYS.

22d. ADDRESS

M.D.

Arlington. Va. 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE d. Hum

PHYS.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND REC ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institutions Residence before edmission) b. COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (if outside corporeta Amils. c. LENGTH OF STAY IN 16 R TOWN (If outside corporete limits, write RURAL and give neerest town) ours after Pages illed i IS RES DENCE ON A FARMI YES NO X M. ddle NAME OF DECEASED OF (Typa or print) DEATH 1961 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED эпе last birthdey) Months Deys Ear WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired CONTEMPO lan 13. FATHER'S NAME ARMED FORCEST 116 SOCIAL SECURITY NO 1 17. INFORMANT (Yes, nowor unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c) I INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (a), stelling the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISFASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY certificate PERFORMED? NO CERTIFICA 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or lown) (County) (Stete) Month, Dey, Yeer factory, street, office bldg., etc.) Not While Hour e.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from Gran19 ke. / , and that death occurred at 1/2/4.M; from the causes and on the date stated above saw the deceased alive on ... 22b. DATE 22a, SIGNATURE ATTENDING 51GNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S FUNE O FUNE 23a. BURIAL, CREMATION. REMOVAL (Specify) 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL-DIRECTOR'S SIGNATULE VR A15 (4) 15M 9/60



RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral plnods PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution; Residence before edm ssion e. COUNTY **b.** COUNTY North Carolina Montgomery 유무 MARYLAND b. CITY OR TOWN (I outs de corporete limits, and c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Bethesda davs Enwin lilled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE (50 ON A FARM? Route # The Clinical Center. Bethesda 14. Md. YES NO 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH Educand Burnica McKov 19 November 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH lest birthdey) Months Days Mala Negro WIDOWED [Divorced December 6, 1938 10e. JSUAL OCCUPATION (Give x nd of work physician 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? B.RTHPLACE County & State, or foreign country done during most of working life, even if refired) U.S.A. Factory Worker North Carolina Unknown 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN N. 3. piease aftendin Susan M. Morris Herman McKoy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECUR TY . INFORMANT The Medical Record (Yes, no, or unkown) | (Ifyesgivewer or detes of service) No The Clinical Center. Bethesda lk. physician. Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and INTERVAL BETWEEN ONSET AND DEATH signed by PART T. DEATH WAS CAUSED BY: Acute cardiac insufficiency 24 hours IMMEDIATE CAUSE (a) DUE TO days Massive leukemic pericarditis geve rise to immediate causa DUE TO (a), steting the underlying Acute lymphocytic leukemia months PART II. OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) certificate PERFORMED? a o YES X NO prior use 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of intury in Peri , or Peri II of item 18 for After this 20c. TIME OF INJURY 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stete) Month, Day, Year Not While fectory, street, office bldg , etc.) et work | et work DIRECTOR: / 21. I certify that (I) (this hospital) attended the deceased from September 20, 1961, to November 1, 1961, that (I) (we) last 19 61, and that death occurred at 50 pm, from the causes and on the date stated above. saw the deceased alive on November 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. November 6. 1961 PHYS, M.D. The Clinical Center, National 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) S. Henderson of Health, Bethesda ll. Md. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/80

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AARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY **b.** COUNTY Montgomery MARYLAND Maryland and b. CITY OR TOWN (if outside corporate limits, c CITY OR TOWN (If outs de corporata limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) after 2. Crestview Crestview Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Street Crescent Crescent NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH mullen 6. COLOR OR RACE AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthday) Months Car WIDOWED X 26 Female YES. 10a. USUAL OCCUPATION (Give kind of work **MOVe** 106. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 1.12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding Charles Croson Eugene Lynn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT & defrace (Yas, no, or unkown) | (Ifyes give war or detes of service) Edith Robey-daughter-same as None 18. CAUSE OF DEATH [Enter only one cause per | pe for (e), (b) and (c) ; PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO om a of Brest i Conce 1. ged Conditions, if any, which gava rise to immediate cause netonstas ez. DUE TO (a), slating the underlying cause lest. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.8). 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, lenter neighbor of in ury in Pert I or Pert II of Item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work to ///2/ , 1961 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from. ..., and that death occured at PM, from the causes and on the date stated above. saw the deceased alive on . .19 22a. SIGNATUR PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) る音器 Falls Nat. Memorial Park Church. ADDRESS. 25s. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE VR A15 (4) Bethesda, Maryland DATENOV 3 0 '61 Pumphrey, 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

Montgomery

above

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (Stete)

22b. DATE SIGNED

(Stata)

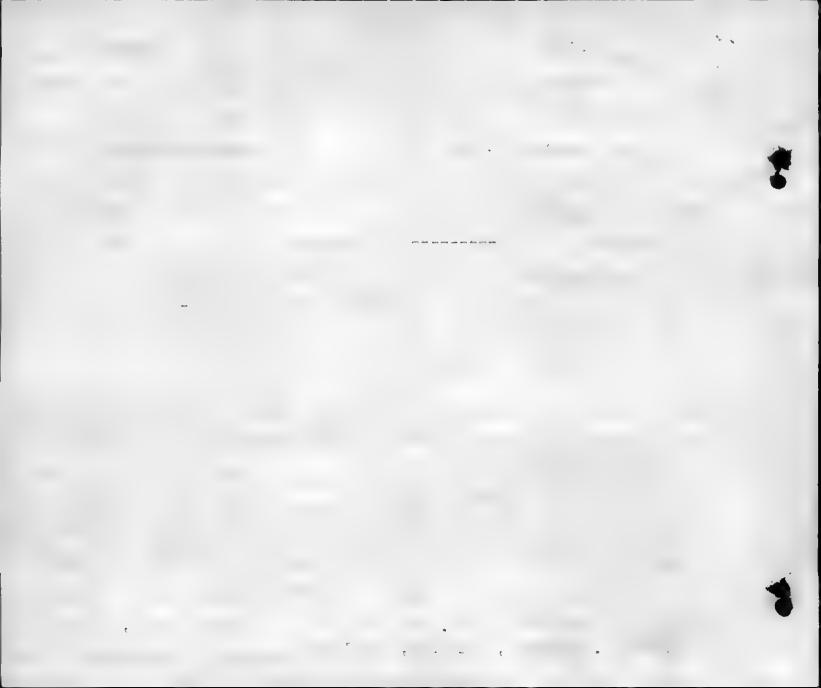
USA

. IS RESIDENCE ON A FARM?

YES NO V

19 61

may be retaine DIRECTOR:



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item | Film -G302 - 12 USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) . PLACE OF DEATH . COUNTY b. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 write RURAL and give nearest town Bethesda Bethesda d. NAME OF HOSPITAL OR N UTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS (Springfield) ON A FARM? Ridgefield Road YES NO Son's home NAME OF DATE Yeer DECEASED 30 Nov. 1961 (Type or print) DEATH Grace Meeks 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthdey) Months Hours Mar. female WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE County & Stele, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Washington, D. C. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Fearson Laur.

15. Was deceased ever in U.S. Armed FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Laura MacPherson 5515" Midgefield Road (Yes, no. or unkown) | (Ifyesgive wer or detes of service) Fearson S. Meeks Bethesda, Md. (Springfield) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] SET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the undersying THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PERFORMED? NO TZ 20b. DESCRISE HOW INJURY OCCURED, (Enter nature of 'njury in Part I or Part II or CERTIFI 200. ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour e.m. While et work et work 1992..., that (I) (we) last 21. I certify that (i) (this hospital) attended the deceased from...... 1961., and that death occured at 7.5 M. from the causes and on the date stated above saw the deceased alive on. SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 1746 K Street. N. W. Foret. Washington 23d. LOCATION (City, lown or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) O F B Oak Hill Cemetery Burial Washington D. C. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) C'allun & Thousa The S. H. Hines Co. Washington, D. C. 15M 9/60

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signed

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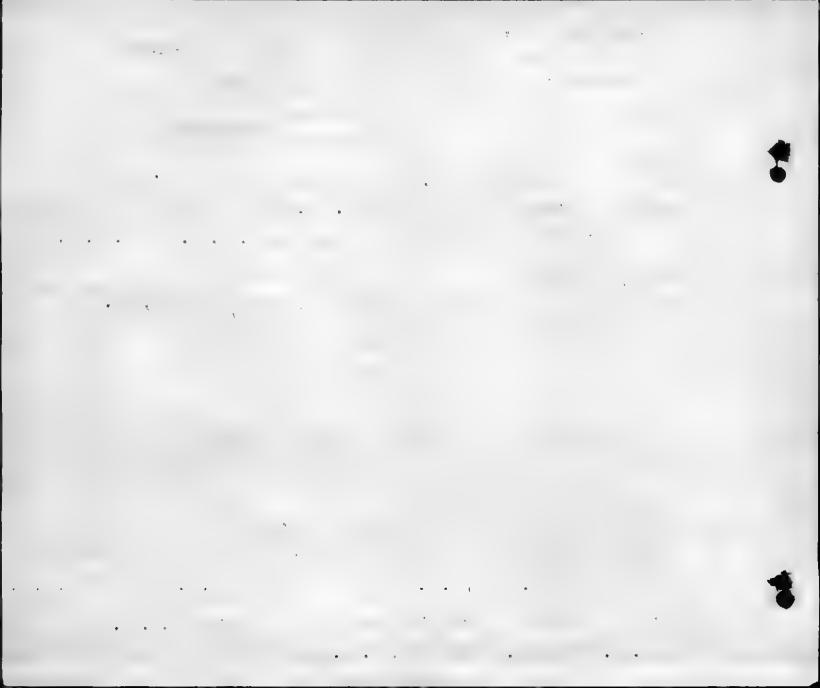
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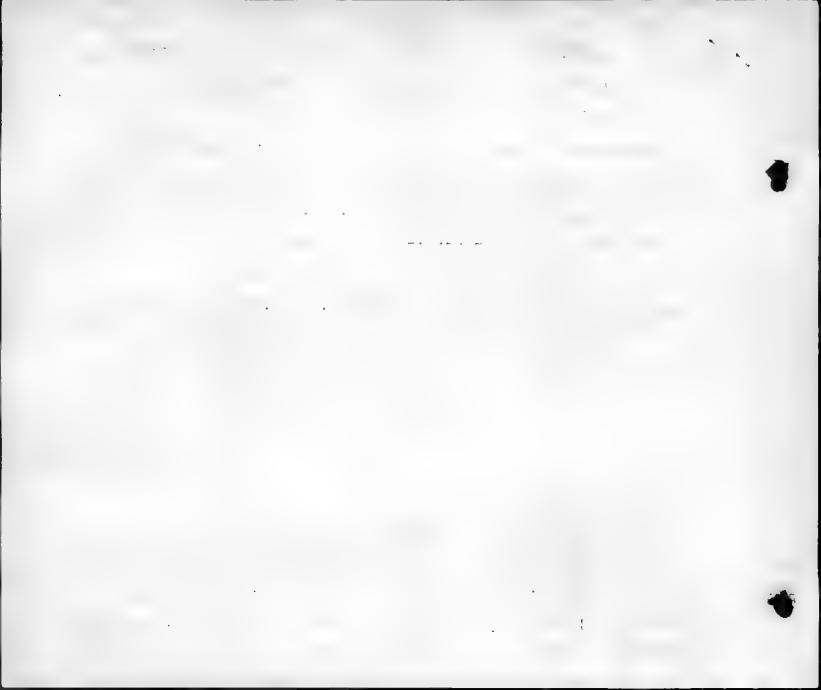
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MARYLAND STATE DEPARTMENT OF HEALTH



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY by the and 2 death. Marvland Montgomery Montgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (rf outs de corporate limits. LENGTH OF STAY IN 16 Ś write RURAL and give nearest town! 5 pers. Pages 1 72 hours after Bethesda Rethesda filled i d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Beacon YES NO X Beacon Terrace 4. DATE Month 3. NAME OF Middle DECEASED OF DEATH (Type or print) 1961 Mever November Louise 6 COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH and last birthday) Months 1886 WIDOWED TZ Jan. DIVORCED physician **Pemove** 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) IISA Georgia Housewife please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Dietrich Plate Anna Lange Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1.16 SOCIAL SECURITY NO. 1.17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Anna M. Woke. daughter-same 2d None 18. CAUSE OF DEATH linter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO scular socidout gave rise to immediate cause DUE TO (a), stating the underlying orteh losel PART II. OTHER SIGNIFICANT COND, TIONS CONTR. BUT NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 🗶 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item IB.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. at work | et work 21 I certify that (I) (this hospital) attended the deceased from Nov, 19.15 to 13.000 ..., 19.61, that (I) (we) last saw the deceased alive on 22b. DATE 22a. SIGNAT SIGNED ATTENDING STAFF DIRECTOR PHYS. NUG 61 22c PHESICIAN 22d. ADDRESS NAME (Typ Bethesda, Maryland John M. Wyman 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 230. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Rockville, Maryland Rockville Cemetery Bruial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Bethesda, Robert A. Pumphrey, Maryland DATE NOV 16'61 Orthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12847

1	PLACE OF DEATH
	a. COUNTY March b. COUNTY March
Λ	b. CITY OR TOWN (If outs' de/corporate limits, wille RURAL and give hearest toward) c. CITY OR JOWN (If outs' de/corporate limits, wille RURAL and give hearest toward)
	write RURAL and give repersit town !
	Bethes dry /he-45min 10tomac.
	d. NAME OF HOSPITAL OR INSTITUTION (i) not in hospita, give street address, d STREET ADDRESS e. 15 RESIDENCE
	Subusban Heggital Meatfalls Rc. YES NO NO
N.	
Ж	3. NAME OF First Middle Last 4. DATE Month Day Year
И	(Type or print) DEATH NOV. 2/ 196/
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE IN YOUR IF UNDER 1 YEAR IF UNDER 24 HRS.
-1	Months Days Hours Min.
-	11/4/5 CHILE MIDONED TOUCH DEPT AND 11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
- 1	106. USUAL OCCUPATION (Give kind of work done during most of work no life, even firstired) 106. KIND OF BUSINESS OR NDUSTRY 11/ BIRTHPLACE (County & State, or loreign country) 107. CITIZEN OF WHAT COUNTRY?
-1	Actuary Permaylvania U.S.A.
-	13. FATHER'S NAME
- 1	T 1/2 m 1/2
,	Ocseph Miller + TANNIE.
	15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, ng. or unkown) (liyesg vp.warordalesofsgryce) Address
	yes worldling IL! hillian Miller (wite) (SAME AS Above)
- 1	18. CAUSE OF DEATH [Enter on y one cause per une for (a), (b), and (c)]
	PART I, DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (a) COLONICIS ACCELLATION 4/2 Notice
	T 3 - 1 DUE TO
	Conditions, it any, which ? (b) artervacleratic Carelrorescular desease I you
	gave rise to immediate cause
	(a), stating the underlying but to cause last.
	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((a) 19, WAS AUTOPST PERFORMED?
-	YES NO M
	2De. ACCIDENT WAS UNDERLYING 2De. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
	OR CONTRIBUTING TI CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INLURY Month, Day, Year 20d, INJURY OCCURRED 2Dc. PLACE OF INJURY (Home, Jarm, 2Df. (C.ty or town) Hour a.m. While Not While lactory, street, office bldg, etc.) 10 at work at work
	p.m. 19 at work at work
	21. I certify that (1) (this hospital) attended the deceased from. Linguist, 1954, to Million, 1961, that (1) (we) last
	saw the deceased alive on 21 1961, and that death occurred at 100 M, from the causes and on the date stated above.
	220 SIGNATURE 22b. DATE
	ATTENDING MED STAFF SIGNED
	alytin C. Cionwell MD PHYS. DRECTOR PHYS 11/21/61
	22. PHYSICIAN 122d. ADDRESS
	11/4/01
	22c. PHYSICIANS NAME (Type) STEPHEN C. CROMWELL 22d. ADDRESS 122d. ADDRESS 15 W. Montgomery Ave, Rochville, Md.
	22c. PHYSICIANS NAME (Type) STEPHEN C. CROMWELL 23c. NAME OF CEMETERY OR CREMATORY 23d. ESCATION (City, town or county) REMOYAL (Specify) NITH YOUR
	22c. PHYSICIANS NAME (Type) STEPHEN C. CROMWELL 236. BURIAL, CREMATION, 23b. DATE HEREOF REMOVAL (Specify) BURIAL (Specify) 11-24-61 NEW MONTEFIORE CHM. NEW YORK
	22c. PHYSICIANS NAME (Type) STEPHEN C. CROMWELL 23c. NAME OF CEMETERY OR CREMATORY 23d. ESCATION (City, town or county) REMOYAL (Specify) NITH YOUR

TO HE WILL OR ATTENDING ENTERIOR. The law requires that the death certificate by associated within 24 hours after a death. The law per standing by the heading physician and complete. Filled in by the funeral adjector, page 3 should be detached for use as the burial-transit perm.? Then please remove carbon papers. Pages 1 and 2 shoulds be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with 172 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12862

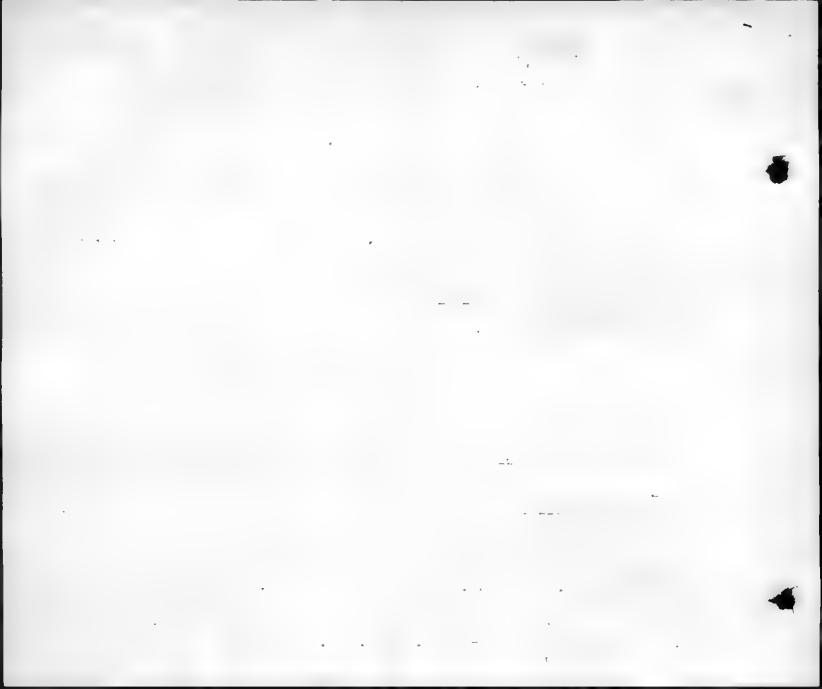
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-			-										
1	PLACE OF DEATH O. COUNTY MONTGOMER	Y	MAR	YLAND	2 USUAL RESIDED STATE	,	nere decease	d tived 15 institute b. COUNTY MONT			e admiss	sion)	
	b CITY OR TOWN (IF RURAL and give no OLNEY	outside corporate limi orest town)	ts, write	LENGTH OF STAY	IN 1b		_		role limits, write f	RURAL ond gi	ive nad	rest towr	n)
-	d. NAME OF HOSPITA	AL (If not in hospital, g		oddress)	1	d. STREET A	R SPR DDRESS	ING					FARM?
L		Y GENERAL	10SPI	TAL		/ RT. 1						YES X	NOCEC
3	NAME OF DECEASED	Fir	st	Middle	•	Los		4. DATE OF	Mor		Doy	1	Year
L	(Type or print)	****	SIER	LEE		MI	LLS	DEATH	11		3		19 61
S	SEX	6. COLOR OR RACE	7. MARR	IED 🖰 NEVER MARR	ED 🔲 B.	DATE OF BIRTI	1		9. AGE (In years last birthday)		Doys	Hours	ER 24 HRS Min
	MALE	WHITE	WIDOWE	DIVORCE	D 🔲	6/7/00			61 yrs	MOHINS	Doys	nours	Min
11	o. USUAL OCCUPATIO	N (Give kind of work a	done 10b.	KIND OF BUSINESS	OR INDUST	RY 11 BIRTHPL	ACE (Stole	or foreign o	ountry)	12. CITIZ	EN OF	WHAT	COUNTRY
	NIGHT WAT			ND & GRAVE	L Co.	V I	RGINI	A		U	.S./	Α.	
1:	B. FATHER'S NAME	ALTERIAL TOTAL				14. MOTHER'S							
VI.	GEORGE MI	115				ROSIE	WILL	LAMS					
事	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO), 17, INF	ORMANT		, , , , , , ,	Add	íress			
ľ	Yes, no, or unknown) OTHERERESSER	No		18-12-6036		Hospi	TAL R	ECORO:	s				
Г		TH (Enter only one co									INTE	RVAL BE	DEATH
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	CHO	EMIC NEPH	ROSIS						0110		DEMINI
	19719	DUE TO											
	Conditions, if or	y, which) (b	LIPO	SARCOMA.	RETRO	PERITON	EAL, 1	WITH M	ETASTASE	S			
	gove rise to in couse (o), stating t	nmediate (-										
	lying couse lost.	(c)										
2	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THETERM	INAL DISEAS	E CONDITION G	VEN IN PART	1(0) 1	9. WAS	AUTOPSY DRMED?
MOITAG	5												NO [
1 CC071E		MEDICAL EXAMINER)	±	CRIBE HOW INJURY O	OCCURRED.	(Enter noture a	f injury in	Port I or Por	t of stem 18.)				
14.010344	Hour o.m.	Month, Doy, Yes	or 20d. it While of wor	NJURY OCCURRED Not while	20e. PLAC	CE OF INJURY (Home, farm bldg., etc	n, 20f (City	or town)	(C	ounty)		(Stote
	21 I certify that	totiqeed eint) (I) I) attend	ed the deceased	fram	OCTOBER	.5 12	61ta_	NOVEMBER	3 1961		at (I) 1	we) los
	saw the deceas	ed alive an 🐞	¥. 3	19 61 and	that de	ath accurred	d at 9 :4	+QA _{from}	the causes as	nd an the	date	stated	dabave
1	220 SIGNATURE	1,00)									22	b. DATE SIGNED
		· Kh		0.0	М	D. PHYS	K) M	ED RECTOR [STAFF PHYS.	11	1/3/	61	21OHAET
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRI	-00						
		C. H. LIG	ON, N	.D.		SAF	IOY SE	PRING,	MARYLAN	D			
2	3a. BURIAL, CREMATIO	N, 23b. DATE THEREC)F	296 HAME OF CEN	LETERY OR	CREMATORY		23d. LOCA	TION (City, town,	or county)		(Stat	te)
	REMOVAL (Specify)	11/7/61		Union				Burt	tonsville	, Mar	ylan	nd	
2	Tysel defice	SIGNATURE	Hom	P-MADDRESS E	Monta	Atro	25o. REC	D BY REGIST		ISTRAR'S SIG	NAPUR		
	Ro	ckville, M	aryla	nd	1.01168	· AVE	DATE	0V 6	01	inthus d.	1 0 000		
	,,,,,												

hours ofter death. Page 4 may C. Jained by the haspital ar attending physician.

5 FUNRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely 1-7, in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs offer death. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO FUN TO HO

VR A15 (4) 1SM 9/59



MARYLAND STATE DEP	ARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 3	301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	D
12863 CERTIFICATE	OF DEATH 12849	

1	1. PLACE OF DEATH a. COUNTY			CE (Where decessed lived, If I		e before edmissiop)		
1	Montgomery	MARYLAND	a. STATE Mai	ne b, coun	11	V		
		ENGTH OF STAY IN 16		If outside corporete limits, write	RURAL and give n	eelest lown)		
	Bethesda (Rural)	5 days	Thel	ma				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,		d. STREET ADDRESS	_	No. CALIFF	e. IS RESIDENCE		
J			3.77	and the Da	17	ON A FARM?		
	U.S. Naval Hospital		1 1/	Clifton Rd.	y	YES NO		
	3. NAME OF First DECEASED	Middle	Lasi	4. DATE Month	Day	Year		
	(Type or print) Roland I	Banks	Moore	DEATH Novemb	per 10	1961		
1	5. SEX 6 COLOR OR RACE 7. MARRIEDY X		. DATE OF BIRTH	19. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
				last birthday)	Months Days	Hours Arn.		
	Male Caucasian WIDOWED	DIVORCED	May 24, 1886					
	done during most of working Irle, even if retired)			nty & Stele, or foreign country)		WHAT COUNTRY?		
		<u>icine</u>	Maine		USA			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
	William S. Moore		Sarah To	ner				
		AL SECURITY NO 1 17. I	NEORMANT	Address				
	(Yes, no, or unkown) (Ifyesgivawarordatesofservice)	0.50)			11			
		45-8684 [WIFE: Anna /	Moore Same	as #2			
	18. CAUSE OF DEATH (Enter only one cause per line for	(e), (b), end (c).)	()	4		ERVAL BETWEEN SET AND DIATH		
	PART I. DEATH WAS CAUSED BY:	inceveration.	heart o	disease	12	idet.		
	11/50 1	4 1 00001 -10	-/					
	Tall DUE TO							
	Conditions, if any, which (b)							
	(a), steting the underlying DUE TO							
	cause lest.				i			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a). 15	WAS AUTOPSY		
			1 '			PERFORMED?		
	<u> </u>	U	rema		Y	ES NO		
A.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE 00 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURED	. (Enter neture of in ury in	Pert I or Part I, of Item 1B.)				
4								
	0	F	CE OF INJURY (Home, farm ory, street, office bldg., etc.		(County)	(Stete)		
	Hour e.m. While I	Not While 1997	ory, airest, ollica brug., aic	'/				
			77	1067 . 30 N	-1 67 ·	375 / 53		
	21. I certify that [X] (this hospital) attended							
	saw the deceased alive on10Novembe:	r.196], and that	death occured atQ	⊋≛.5∕Ofz•M the causes	and on the da	te stated above		
	22e. S GNATURE		A STATE OF THE LAND		_	226. DATE		
	1.18	- M		MED. STAFF Y	11-11	-61 2 CNED		
	22c. PHYSICIAN'S THE SALECULAR	141	22d. ADDRESS					
į	NAME (TYPE S.W. BRACKETT LT	MC USN	U.S.	Naval Hospital	L, Bethes	da, Md.		
	23a, BURIAL, CREMATION, 23b, DATE THEREOF 23c.	NAME OF CEMETERY		123d, LOCATION (City, tow	*	(State)		
	DEALOWAL (Second)					(51010)		
		Evergreen Co	emetery	Portland, Ma	aine	_		
	24 DINERAL DIRECTOR'S SIGNATURE	ADDRES5	25a. REC	D'D BY REGISTRAR 256. REG	SISTRAR'S SIGNAT	URE		
	Rivaldi Funeral Home 816 H.	St. N.E. Was	Sh. D.C. DATE NO	DV 15'61 cm	unuy L. Those	A		
	Townson Townson Arms Transite Arrest Area	man tidma lines				-		

TO POSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 hours after defected may be retained by the hospital or attending physician.

TO PANERAL DIRECTOR: After this certificate has been signed by the attending physician and controlled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A3S (4) 1SM 7₇61



12864 CERTIFICATE OF DEATH PLACE OF DEATH 2. NUSUAL RESIDENCE TWhere degessed lived. If institutions Residence before admission) & COUNTY MARKETURNII CITY OIL YOWN (If putside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If putside corporate limits, write C. LENGTH OF STAY IN 16 RURAL andlarve nedrest town TO d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO K NAME OF / Middle 4. DATE First Month Day Year DECEASED OF DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 9. AGE (In years MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME physicie INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending INTERVAL BETWEEN ONSET AND/DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ā. PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO þ Conditions, if any, which been signed gove rise to immediate DUE TO couse (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? YES NOVA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while 19 of work at work p. m. 24, 196/, that I lost saw the deceosed 21. I certify that I attended the deceased from and that death occurred at 4: A.M. from the causes and on the date stated obove. alive on ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL SIGNATURE PHYSICIAN'S TO FUNERAL NAME (Type) 220 BURIAL, CREMATION 226 DATE THEREOF LOCATION City, town, or county) MC. NAME OF CEMETERY OR CREMATORY (Stofe) page REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE They & House VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. use, md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 It CERTIFICATE OF DEATH 12865 Reg. Dist. No director ofter death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) O, EQUNTY filed o STATE **b** COUNTY MARYLAND uneral b. CITY OR TOWN (If outside corporate limits, write E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and governeures) town) RURAL and give negrest town) d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ORDINSTITUTION ON A FARM? YES NO F rook grove oundation NAME OF DECEASED 4. DATE Middle Year Day (Type or print) DEATH 19 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS 5. SEX 8 DATE OF BIRTH AGE (In years lost birthdgy) Months Dovs Hours Min. WIDOWED IX DIVORCED [YES 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MATTEN NAME ames 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Carlton Olnev CAUSE OF DEATH [Enter only one couse perfine for (o), (b), and (c) INTERVAL RETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1103 19. WAS ADXOPSY PERFORMER? YES NO IV 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18 | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Not while While 19 of work of work p. m. 21. I certify that I attended the deceased from that I last saw the deceased. and that death accurred at 70 alive on M, fram the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) 22c NAMA (Stole) Burial

ADDRESS

Damascus, Md.

Lavtonsville

24o. REC'D BY REGISTRAR

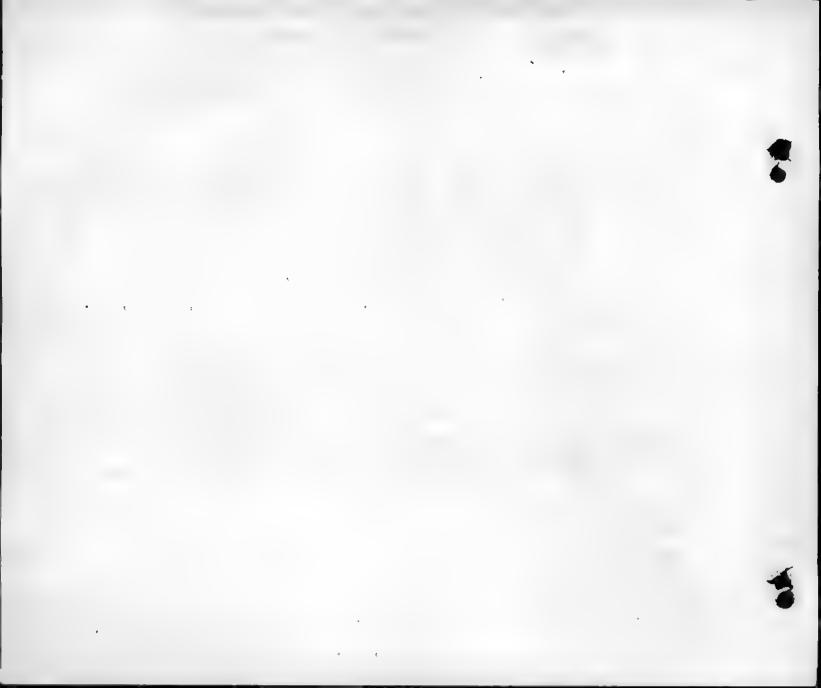
DATE OV 1 7 '61

24b. REGISTRAR'S SIGNATURE

Intima 8 the

VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE



filled in by the funeral Pages 1 and 2 should vithin 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12852 12866

1. PLACE OF DEATH 6. COUNTY					
	I .				stitution: Residence before admission)
	Montgomery	MARYLAND	o. STATE Maryland	b, count	ONTGONERY STIME
b. CITY OR TOWN (f outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	porate limits, write	RURAL and give nearest town)
Bathesda	give nearest town)	21 days	NAS Patuxent	River	
	TAL OR INSTITUTION (if not in he	· · ·	d STREET ADDRESS		e. IS RESIDENCE
		, ,		1	ON A FARM?
U. D.	Naval Hospital		710E MAN.		A STATE NO N
DECEASED	First	Middle "	Last 4, DATE OF	Month	Day Yeer
(Type or print)	Charles	Edward	Murphy Sr. DEAT	TIOACI	
S. SEX	6. COLOR OR RACE 7. MARR	ED NEVER MARRIED B	DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
Male	Caucasian WIDOW		anuary 1, 1899	62 yrs	Months Days Hours Min.
	. Conce. No mount		11. BIRTHPLACE (County & State, o		12. CITIZEN OF WHAT COUNTRY?
done during most of wo	rking life, even if retired)				USA
Barber		Barber	Pennsylvani	Ld.	UDA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	\	
Patric	k Murphy		Sarah (Unknow	1)	
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
No. or unkown) (r	fyes give wer or deles of service)	67 03 0811 1 30	N Charles Edward 1	Jurphy Jr	.,Same as ,2
	EATH [Enter only one cause per			. 0	I INTERVAL BETWEEN
			Cadana	4-46	ONSET AND DEATH
	IMMEDIATE CAUSE (a) C	rcinoma ot	Caccum, me	. VAL J TALTE	
1 -3	DUE TO		to liver		
Conditions, if eny	, which (b)		TO HUEF		
geve rise to immedi	DISE TO				
(a), stating the u	nderlying				
	SIGNIF CANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVE	N IN PART I(a) 19 WAS AUTOPSY
PART I. OTHER OF CONTRIBUTING OF CONTRIBUTING OF LIFE EITHER, NOTIFY	SIGINI CANI CONDITIONS CO	THE PROPERTY OF THE	I MENTED I OF THE PERMITTER PROPERTY	, constitution of the	PEREORMED?
D ZO ACCIDENT W	AS UNDERLYING FT 206, DE	SCRIRE HOW INDIAN OCCUPED	(Enter nature of injury in Pert I or Part	Lof Jam 18	
	CAUSE OF DEATH	Server How Hook, Geenes.	ferror notate of orters to the contract	, 4, ,,=,,,	
3 20c. TIME OF INJU					
			CE OF INJURY (Home, farm, 20f. (Ci	ty or town]	(County) (Stele)
Hour e.m.	Whi	leNot While facil	CE OF INJURY (Home, farm, 20f. (Ci ory, street, office bidg., etc.)	ty or town]	(County) (Stete)
- 1	19 Whi	le Not While factork et work	ory, street, office bldg., etc.)		
21. I certify t	Whi 19	he Not While factors of work factors of work factors of work factors of the deceased from	October 25, 1941, to	.November	.1,+192.1., that (4) (we) last
21. I certify to saw the decease	Whi 19	he Not While factors of work factors of work factors of work factors of the deceased from	ory, street, office bldg., etc.)	.November	1,+1901, that (4) (we) last
21. I certify t	Whi 19	Not While factoric work factoric factor	October 25, 1961, to death occured at 12:20 Hid	.Noveriber m the causes a	nd on the date stated above
21. I certify the saw the decease 22a. SIGNATURE	Whi 19	he Not While factors of work factors of work factors of work factors of the deceased from	October 25, 1961, ic death occured at 12:20 Hid	.November	.1,+1951 that (8) (we) last and on the date stated above
21. I certify to saw the decease	hat M (this hospital) after sed alive on November	nded the deceased from 14,19.61, and that	October 25, 1961, ic death occured at 12: 20 Hid DIRECTOR DIRECTOR 122d ADDRESS	November The causes a	I,+1901., that (4) (we) last and on the date stated above 22b. DATE 5 GMED 14,
21. I certify the saw the decease 22a. SIGNATURE 22c. PHYSICIAN S NAME (Type)	hat M (this hospital) attered alive on November JOHN W. BRACK	nded the deceased from 14,19.61, and that reckely, h. M. ETT JR. LT M. U.S.	October 25, 1951, to death occured at 12: 20 Bid D. PHYS. DIRECTOR 22d ADDRESS	o.November m the causes a staff phys. XX	1.1.1901. that (6) (we) last and on the date stated above 22b. DATE S GNED WOVERNEER 14,
21. I certify the saw the decease 22s. SIGNATURE 22c. PHYSICIAL SONAME (Type) 23s BURIAL, CREMATI	hat M (this hospital) attered alive on November JOHN W. BRACK ON, 23b DATE THEREOF	nded the deceased from 14,19.61, and that Packet JR. LT MUS. 13c. NAME OF CEMETERY (October 25, 1951, to death occured at 12: 20 His	November The causes a STAFF PHYS. XX Hospital, Cation (Gity, tow	1.1.1901., that (8) (we) last and on the date stated above 22b. DATE S GNED I STUDENT 14,
21. I certify the saw the decease 22s. SIGNATURE 22c. PHYSICIAIN S NAME (Type 23s BURIAL, CREMATI REMOVAL (Specify)	hat M (this hospital) attered alive on November JOHN W. BRACK ON, 23b DATE THEREOF	nded the deceased from 14,19.61, and that Packet JR. LT MUS. 13c. NAME OF CEMETERY (October 25, 1951, to death occured at 12: 20 Bid D. PHYS. DIRECTOR 22d ADDRESS	November The causes a STAFF PHYS. XX Hospital, Cation (Gity, tow	1.1.1901., that (8) (we) last and on the date stated above 22b. DATE S GNED I STUDENT 14,
21. I certify the saw the decease 22a. SIGNATURE 22c. PHYSICIAL S NAME (Type) 23a BURIAL (Specify) STATEMOVAL (Spe	JOHN W. BRACK	nded the deceased from 14,19.61, and that Teckely AM ETT JR.LT MUS 23c. NAME OF CEMETERY C Plum Creck Cer	October 25, 1951, to death occured at 12: 20 His	STAFF PHYS. XX Hospital, cation (city, tow Pennsylva	1

TO FOLITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a death of the hospital or attending physician.

TO FUNDARL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, writing 2 hours after

OR AITENDING PHYSICIAN: The law requires that the death certificate be execu

VR A1S [4] 15M 7,61

MARYLAND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item 23h. Film G301 11/30/61 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased kyad, if institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Montgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outs da corporate limits. E. LENGTH OF STAY IN 16 write RURAL and give nearest town) davs Bethesda *Rural Washington d STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress ON A FARM? YES NO TY U. S. N. val Hospital 2101 Connecticut Avenue NAME OF 4. DATE DECEASED OF DEATH (Type or print) William John November 23 Murphy 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED JF UNDER 24 HRS B DATE OF BIRTH last birthday) Months Caucasian WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Retired Naval Officer Unknown Towa. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Thomas Murphy Nora Granev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Unknown Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTÉRVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO gave rise to immediate cause DUE TO (e), stating the underlying PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT, 19. WAS AUTOPSY PERFORMED? NO CERTIFICA 200 ACC DENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of mury in Pert 1 or Pert 1 of item 18) HE FITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc. While Not While Hour a.m. at work at work saw the deceased alive on. Nov....23,...........1961,..., and that death occurred at 1.1. 45 Profin the causes and on the date stated above. 22b, DATE **ATTENDING** ALED PHYS. X November PHYS. DIRECTOR 22d, ADDRESS WELLIAM C. MONELL, LT MC U. S. Naval Hospital. Bethesda. Md. 123d. LOCATION (City, fown or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION | 23b. DATE THEREOF REMOVAL [Specify] ington National Arlinguon, Virginia 258, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE Gawlers Sons Inc., 1756 Pa., Ave., NW,

and

hospital or attending physician. certificate has been signed by the

the

may be retained by the h DIRECTOR: After this of 3 should be detached for

0.48

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1/2	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
T	12868 CERTIFICATE OF DEATH	Reg. Dist. No. 2854
	1 PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived If sporting to b. QOUNTY MARYLAND STATE b. QOUNTY	A
M)	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RL RUBAL and give nearest town) 1361 601 2301 Place	W. Hyattsville
(4)	d. NAME OF HOSPITAL (If not in hospital, give/street oddress) OR INSTITUTION OR JOSPITAL (If not in hospital, give/street oddress) Althora Hoodland Mussing Hom	Lif 2 e. Is RESIDENCE ON A FARM? YES NO DX
	3. NAME OF DECEASED (Type or print) Paisy I, Middle Mylls (A. DATE OF DEATH NOU	· 6th 1961
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH Temale white widowed Divorced Not. 22, 1881 9. AGE (In years lost birthday) To work of the control of th	Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?
	100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) House for working life, even if retired) House foreign country 10	12. Cilizen or wing country
T	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN IL S. ARMED EDRESS TIA SOCIAL SETURITY NO INFORMANT Additional Control of the Control of	,
7	15! WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (16 yes, no, or unknown) (16 yes, give war or dates of service) 177-09-34720 Susau M. Waher	Daughter
M M	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmon any En boths	INTERVAL BETWEEN ONSET AND DEATH
	450.0 DUE TO Phlabothrombosis	3 1 days
	gove rise to immediate couse (a), stating the under lying couse last. DUE TO Carler Connection (c)	yexao
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE Deabets mere to Academ	PERFORMED?
	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year Haur a. m. 19 While Not while of work of work of work work work work work work work work	(Caunly) (Stole)
	21. I certify that I attended the deceased fram 1948, + , ta No-o- 6, 1967, alive an No-o- 6, 1967, and that death accurred at 1 P.M. fram the causes and	
	ACTUAL SIGNATURE M.D. 7:05 Right / 26.	stote) DATE SIGNED
5	PHYSICIAN'S ROBERT B IDEY Hypotta ELL, MICH.	P
- 10 C	Burial 1/9/61 For Lincoln Colman M	vanor, ma-
A.	23 FUNERAL DIRECTOR'S SIGNATURE / HONE, Rainer 24g. REC'D BY REGISTRAR 24b REGIST ADDRESSING MATERIAL DATE NOV 1 1 161	STRAR'S SIGNATURE 25.
1	ta a	



MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAIL 128(1) CERTIFICATE OF DEATH	12855 <u> </u>
PLACE OF DEATH MONTE OPENY COUNTY a. COUNTY b. CITY OR TOWN (if outside corporate I mits, write RURAL average and give neerest town) Kensington d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospita), give street eddress) Carroll Hall Sanitarium S. NAME OF DECEASED (Type of print) ESTELLE VER NA DIVORCED S. DATE OF BIRTH 9. AGE (1 -sers FUNDER BRILD) Months Washington 4. DATE Month DECEASED (Type of print) 5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED S. DATE OF BIRTH DIVORCED S. DATE OF BIRTH 9. AGE (1 -sers FUNDER BRILD) MONTHS MONTHS MONTHS MONTHS PLACE OF BIRTH 9. AGE (1 -sers FUNDER BRILD) MONTHS MON	a. IS RESIDENCE ON A FARM? YES NO Dey Yeer 1961
10a. USUAL OCCUPATION (Give kind of work done during most of working life, aven if relired) Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Slate, or for country) 12. CI Maryland 14. MOTHER'S MAIDEN NAME Elizabeth Winders Ken 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) EREBRAL HELIORRHHEGE	U.S.A. sington, Mo coll Pl. interval between onset and death
Severise to immediate cause DUE TO CAUSE RALIZED ARTERIOSCLEROSIS	YES NO State)
saw the deceased alive on	the date stated above 22b. DATE SIGNEE NOV. 1-AC (State)
() () () () () () () () () ()	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MJ CERTIFICATE OF DEATH PLACE OF DEATH MONTE OF JOURN'S CERTIFICATE OF DEATH PLACE OF DEATH MONTE OF JOURN'S COUNTY CONTROL AND A COUNTY OF JOURN'S COUNTY COUNTY OF JOURN'S COUNTY COUNTY OF JOURN'S COUNTY COUNTY OF JOURN'S COUNTY COUNT

CERTIFICATE OF DEATH funeral PLACE OF DE USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) e. COUNTY 6 COUNTY MARYLAND DWN (It-outside corporate traits, write LRAL and give nearest town) death. pue LENGTH OF STAY IN 16 ò rs. Pages 1 a hours after o 5 filled . IS RESIDENCE ITAL OR INSTITUTION (if not in hospitel, give street address) ON A FARM? YES NO 3. NAME OF 4. DATE Doy DECEASED OF (Type or print) DEATH AGE (In years IF UNDER LYEAR IF UNDER 24 HRS. 5. SEX NEVER MARRIED Months Days WIDOWED & DIVORCED physician USUAL OCCUPATION (G ve kind of work IDb. KIND 12, CITIZEN OF WHAT COUNTRY? during most of working () is even if retired) FATHER'S NAME please attending WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16, SOCIAL SECURITY NO. Then (Yes, no, or unkewn) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause **DUE TO** (e), sleting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY certificate PERFORMED? 92 NO D USB prior 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Item 18) etached for HE EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 2Df. [City or town] Month, Day, Year (County) (Stele) 20c. TIME OF INJURY fectory, street, office bldg., etc.) Not While Hour e.m. at work et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 2 1962., that (1) (we) last saw the deceased alive on. 22b. DATE 22a. SIGNATURI MED SIGNED ATTENDING STAFF DIRECTOR PHYS. M.D 22d. ADDRESS 22c. PHYS CIAN'S NAME (Type) 23a. BURIAL, CREMATION. 23c. NAME OF CEMELERY OR CREMATORY 23d. LOCATION (City (State) 0 256. REGISTRAR'S FUNERAL DIRECTOR'S QD BY REGISTRAR VR A15 (4) 15M 9/60 DATE

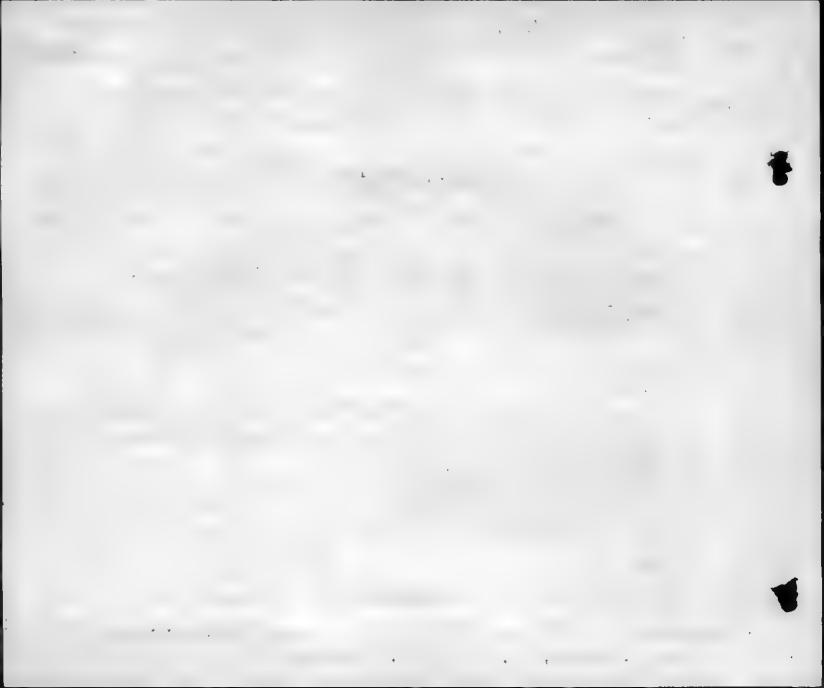
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND 1. PLACE OF DEATH I ved. If institutions Residence before admission! e. COUNTY a. STATE MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If out da corporete limits, write RURAL end give nearest fown) 50 ON A FARM? YES NO DECEASED OF (Type or print) DEATH AGE (In yours | IF UNDER 1 YEAR | IF UNDER 24 HRS. iast birthday) Months | Days WIDOWED 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) D. File unknown 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes giva werer detas of servica) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to Immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(4) 19, WAS AUTOPSY PERFORMED? NO 🔀 should 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 29b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Pert II of Itam 18.) CAUSE OF DEATH 0.4 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) While Not While factory, street, office bidg., etc.) et work at work forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 😾 Inquiry X and in my opinion death resulted from: Natural causes 😾, Suicide Undetermined manner Accident Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be fo SIGNATURE S DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county) 22d. LOCATION (City, town, or country) 220. BURNAL CREMATION REMOTAL HIPPORTYL Ft.Lincoln Crematory | Pr.Geo.Co., Maryland 40 244. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Wash, D.C A15ME S.H. Hines Co., 2901 14th St. N.W. arthur S. Kins



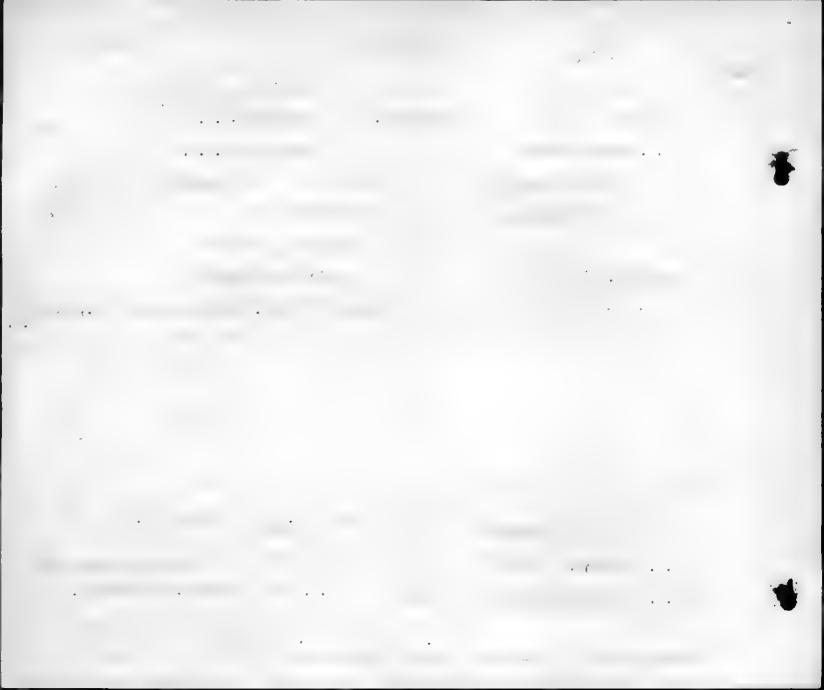
TATE DEPARTMENT OF HEALTH REET. BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission 4. COUNTY Page e. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give referest town) write RURAL and give negrest lown) Hack once . IS RESIDENCE Boar ON A FARM? YES NO Y NAME OF DECEASED DEATH (Type or print) 19 6 1 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. and 2 w inst birthday) WIDOWED [12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) school bon pages within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.I (Yes, no, or unkown) ((fyasgivewarordelesofservice) 1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MUSS geve rise to immadiate cause łÜ DUE TO (a), stating the undarfying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? OF LIVER AND TRACTURE LEFT
206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of flow 18. 2 pinoria 20a, EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Chief 3 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, steel, office bldg., atc.) Not While at work at work 194.1 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection I. Inquiry Undetermined manner death resulted from-Natural causes Accident X Suicide Homicide . CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL DEPUTY MEDICAL EXAMINER pluods Address (Street, city, town, or county) 224. BURIAL, CREMATION | 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 g Glenwood Cemetery Washington D.C. 8434 GEORGIA AVENUE 240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME WARNER E. PIMPHREY. INC. SILVER SPRING, MARYLAND DATHOV 1 5 61 Circling S. Frank 5M 9/40



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE OF MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased leved, if Institution: Residence before admission) *Montgomery b. COUNTY " Washington, D.C. by the and 2 selecth. MARYLAND b. CITY OR TOWN (if outside corporata fimits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (Rural) hrs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1901 23rd Street. S.E. YES TO NO THE U.S. NAVAL HOSPITAL NAME OF DATE Middle DECEASED 19 6] (Type or print) TWIN-A Nicles DEATH November Baby Girl 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 9. AGE (In years IF UNDER) YEAR | IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) Months Female. November WIDOWED | DIVORCED 10s USUAL OCCUPATION (Give kind of work State, or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Montgomery, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Patricia Mae Rinehart Clayton E. Nicles ā 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO | 17. INFORMANT (Yes, no or unkown) | (Ifyesgivawarordatasofservice) Clayton E. Nicles 1901 23rd St., S.E. Wash. D.C. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTÉRVAL BETWEEN ONSET AND DEATH (1 lh. 3.03 PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO attending gave ruse to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 35 0 PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of item 18.) 20€. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, straat, offica bldg., etc.) While Not While Hour e.m. at work | et work DIRECTOR: 21 | certify that 20 (this hospital) attended the lets will from 11 November., 1961, to ... 11 November ... (this hospital) attended the lets will be the second of the se saw the deceased alive on 11 November 19 61, and that death occured a 0.3 35 fBM the causes and on the date stated above 226 DATE 22ª SIGNATURE SIGNED ATTENDING 11-11-61 DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAVAL HOSPITAL, BETHESDA, MD. NAME (Typa) 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) Burial O Š B Gaithersburg, Maryland Forest Oak Cemeterv 133 PDRESS Montgomery Ayes. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATURE Funeral Home Rockville, Maryland PATHOV 1 4'61



- 1	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND
T	12874 CERTIFICATE OF DEATH 12860
# FRA	1. PLACE OF DEATH 9. COUNTY 1. COUNTY 1. COUNTY
5 5 TA	Montgomery Maryland D. C. b. COUNTY
Per	b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town)
24 P. 24	Bethesda (Rural) 8 hrs 40min. Washington, D.C. + 3
The state of	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS
· 医吸引 。	ON A FARM?
등 등 등	3. NAME OF Tail Model Tail Model Day Year
Die Sales	DECEASED
exe Com Lifting	TWIN'B' BABY GIRL NICLES 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 14 PRS.)
a Prodie	lest birthday) Months Days Hours 2.
icate cian al ove ca event,	A AMERICAN VAN VAN AND AND AND AND AND AND AND AND AND A
hysician remove	dane during most of working life, even if retired)
	Montgomery, Maryland USA
d in dease	13. FATHER'S MAIDEN NAME
P Dag	Clayton E. Nicles Patricia Mae Rinehart
the stren hen al, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wer or dates of service)
he in	FATHER: Clayton E. Nicles, 1901 23rd ST., SE, WASH,
y t to	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c),]
Paris y	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) I Tommatarity (1th 503). ONSET AND DEATH DOOR
regination to	DUE TO
Jaw Jing Jing	Conditions, if any, which (b)
ten	geve rise to immediate cause (e), stating the underlying DUE TO
r at at at a se be	cause lest. (c)
And of the state o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED?
Spirit Spirit	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART II. 19. VAS AUTOSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DE
Pris Series	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of Item 18.)
문문 라마 라마	
Head and the Head	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County)
A et el	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State) Hour a.m. While Not While Not While at work at work at work at work at work.
Se dail	21. I certify that (1) (this hospital) attended the deceased from 1050, 11. NOV., 1961, to 1910, 11 NOV 161, that (1) (we) last
E SP	saw the deceased alive on 11November19.61, and that death occurred all 910M, from the causes and on the date stated above.
R INE INE Stat	226 SIGNATURE WOODS ATTENDING MED. STAFF SIGNED
O E CIN O	
LAL SE	22c. PHYSIC AN'S 22d. ADDRESS
	NAME (Type) U.S. NAVAL HOSPITAL, BETHESDA, MD.
	23a, BURIAL, CREMATION, 12.b. DATE HEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stete)
O GO GO	REMOVAL (Specify) 11-14-61 Forest Oak Cemetery Gaithersburg, Maryland
VR AIS (4)	24 FUNERAL DIRECTOR'S SIGNATURE 133ADDRESS MONTGOMETY AVES REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 7/61	Tyson Wheeler Funeral Home Rockville, Maryland DATE NOV 14'61 Carling & Kinns
73	The second secon
	L. 21



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed lived, if Institution: Residence before admission 4. COUNTY b. COUNTY 유무 Cohembia MARYLAND non b. CITY OR TOWN (if outside corposate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comparer limits, write RURAL and give neerest fown) write RURAL and give pearan town) AKemA IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress ON A FARM? YES NO NAME OF Middle DECEASED OF DEATH (Type or print) 196/ NOU! AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX last birthday) Months WIDOWED DIVORCED physician 10a USUAL OCCUPATION (G ve k nd of work 12. CITIZEN OF WHAT COUNTRY? Housewife please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending parties .⊑ WAS DECEASED EVER IN J.S. ARMED FORCES? Address (Yes, no, or unkown) : (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for la), (b), and (c).] INTERVAL BETWEEN ONSET/AND DEATH PART I. DEATH WAS CAUSED BY: 0201224 IMMEDIATE CAUSE .a) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO X 206 ACCIDENT WAS UNDERLYING 2 206. DESCRIBE HOW INJURY OCCURED, Enter neture of injury in Part Lor Part II of item 18)
OF CONTR BUTING CAUSE OF DEATH Bumper of daughter's car struck her hip; car in garage
(F EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 1-20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Hour a.m. 61100 MM 1961 Not While ı While at work et work 21. I certify that (I) (this hospital) attended the deceased from Later I 1957 to 7000 9, 1806., that (1) (we) last 19/2/..., and that death occured at A. D.M., from the causes and on the date stated above saw the deceased alive on... 22b. DATE 220 SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S ADDRESS FUNI 23a BURIAL, CREMATION, 23b DATE THE REMOVAL (Specify) OH YR A15 (4)

DEPARTMENT OF HEALTH

Item, 20

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEAT 2. USUAL RESIDENCE (Whare daceased lived, If Institution, Residence before edmission) a. COUNTY a. STATE b. COUNTY Maryland Montgomery MARYLAND Montgomery b, CITY OR TOWN (if outs de corporete limits, C LENGTH OF STAY N 16 c. CITY OR TOWN (If outs de corporata limits, write RURAL and give necrest town) write RURAL end give neerest town) _= Silver Spring hours after Kensington veara Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS 2702 Harmon Street Carroll Hall 3. NAME OF Middle 4. DATÉ DECEASED OF RDUHN DEATH Noveber (Type or print) carbon COLOR OR RACE | 7. MARRIED | NEVER MARRIED 9. AGE (In yeers) IF JNDER 1 YEAR 8. DATE OF BIRTH and last birthdey) Months | Days WIDOWEXX DIVORCED November 23, 1877 Vrs. Remale 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foraign country) remove 10a. LSUAL OCCUPATION (G ve kind of work 112. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own Home New York Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Stupp May Buckley 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2702 Harmon Street (Yes, no. or unknown) I (If yes a ive wer or detect service) Mrs. Hyland A. BizotSilver Spring. None 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c) PART I. DEATH WAS CAUSED BY MYGOCARDIAL INFORCT IMMEDIATE CAUSE (e) burial-transit DUE TO CORONARY OCCLUSION Conditions, if eny, which (b) has been geva rise to immediate causa DUE TO (a), steting the underlying he PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(4) 19. WAS AUTOPSY certificate S 0 use 2DB. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Ilem 18.) After this eletached for 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, form,) 2Df. (City or town) fectory, street, office bldg., etc.) Not While Hour a.m. at work et work 21. | certify that (I) (this hospital) attended the deceased from # LEL / and that death occurred at A. A.M. from the causes and on the date stated above. saw the deceased alive on... 22e SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. FUNERAL. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) RICHARD P 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ARLINGTON NATIONAL CEMETERY ARLINGTON, VIRGINIA 11/28/61 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

INC. SILVER SPRING, MARYLAND

DATE

hospital may be retained DIRECTOR: director, I VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES TO NOW

Year

161

Hours

U.S.A.

Maryland

(County)

INTERVAL BETWEEN ONSET AND DEATH

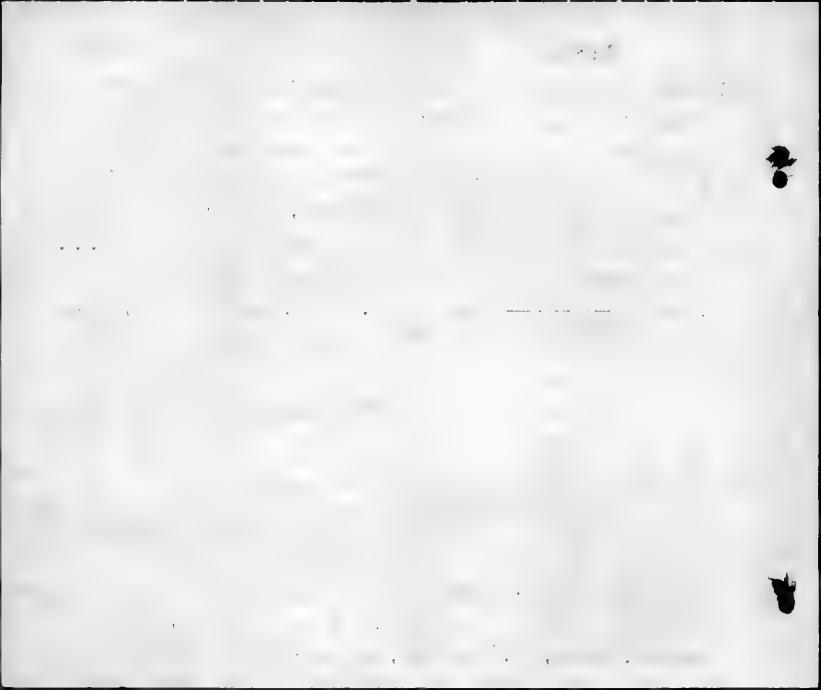
> PERFORMED? NO X

> > (Stelle)

22b. DATE

SIGNED

IF UNDER 24 HRS.

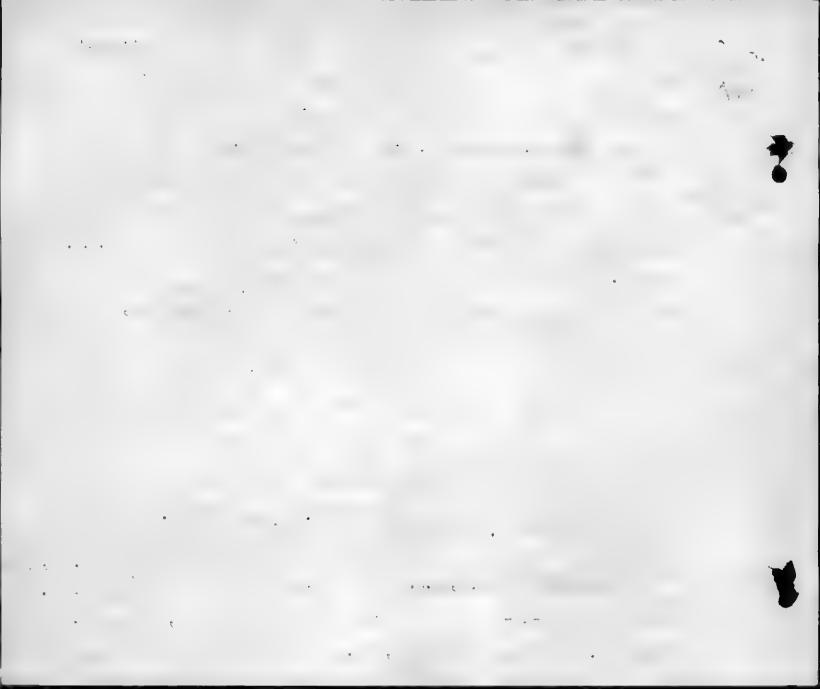


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VR A15 (4)

15M 9/60

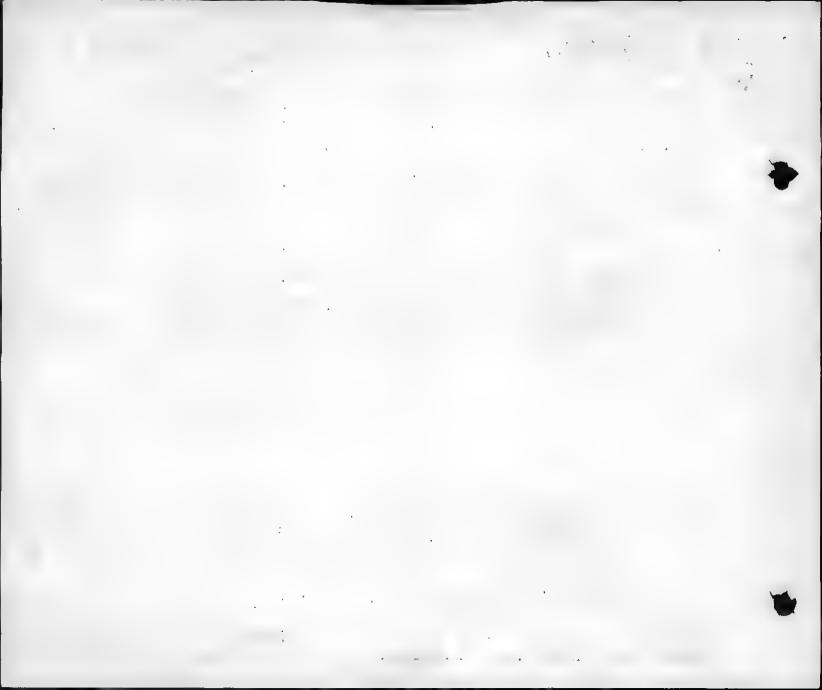


MARYLAND STATE DEPARTMENT OF NEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12864

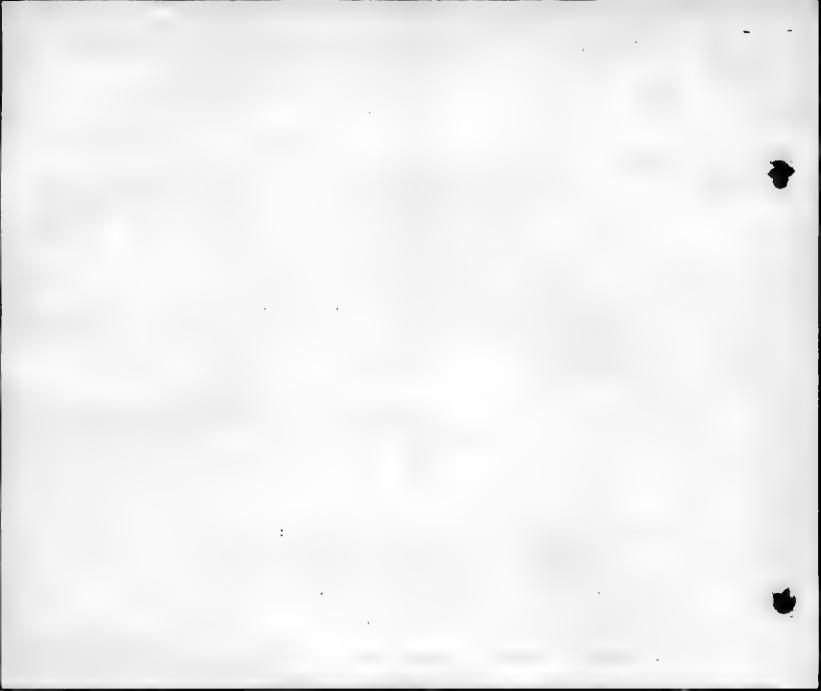
1.	PLACE OF D		7. TABLE #			- CTATE	DENCE (Where de	eceased lived, I		Residence	before adm.ssipn)
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	write RUR/	WN (if outside corporate km AL and give nearest town) hesda (Rural)	ds, c	3 days	FAY IN 16	c. CITY OR TOY	WN (If outside corp Falls Ch		ite RURAL e	nd g ve nea	rest town]
-	d. NAME OF	HOSPITAL OR INSTITUTION	if not in hospita	al, give street ed	dress)	d. STREET ADDI	RESS		9.	21. 1	. IS RESIDENCE
	U. 3.	Naval Hospit	al,			1001	Barrett	Road	0.	アング	YES NO.
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Man	#h	Dey	Year
	(Type or print)	Elva		Florence	ce	Perrin	DEATH	Nove	ember	21,	19 61
5	SEX	6. COLOR OR RACE	7. MARRIED	X NEVER MARR	JED B.	DATE OF BIRTH	9				UNDER 24 HRS.
F	emale	Caucasia	-	_		July 4, 19	901	last birthday)	Months	Days I	fours Min.
10	. USUAL OCC	UPATION (Give kind of work	10b, KHND	OF BUSINESS C	OR INDUSTR	1 11. BIRTHPLACE L	County & State, or	foreign country	y) 12. CI	TIZEN OF V	WHAT COUNTRY?
de de	ne during most Housew	of working life, even if retire	d)		-mi	India	a na .			USA	
13.	FATHER'S NA					14. MOTHER'S MAI		_			
	George	Kemn				Rose S	Sanders				
15	_	ED EVER IN U.S. ARMED FOR	CESP 16, 50	CIAL SECURITY	NO 17 I		JOHN CT D	Addre	-		-
(A	s, no, or unkov	vn). (Hyesgive werordatesof:	ervice)	known			oc Ann Ma			5	
	No La causé	OF DEATH Enter only one				ghter: Ros	15 AIII MC	coy, so	mie do		VAL BETWEEN
		DEATH WAS CAUSED BY:	// .	recui		D 6	ung				T AND DEATH
		DUE TO				0	8				
	Conditions, i	if any, which \ [b]									
	_	mmediete cause									
	cause last.	(c)									
CERTIFICATION	PART II.	OTHER SIGNIFICANT CONDI	TIONS CONTR	IBUTING TO DEA	TH BUT NO	T RELATED TO THE TI	ERMINAL D SEASE	CONDITION G	IVEN IN PAR	RT 1(a) 19.	PERFORMED?
CERTIFIC	OR CONTRIBL	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER	20b. DESCR	IBE HOW INJURY	OCCURED.	(Enter nature of injur	ry in Pert Lor Pert I	of item 18.)			
MEDICAL	20c. TIME O		ar 20d. INJ While	URY OCCURRED	20e. PLA	CE OF INJURY (Home	, farm, 20f. (City	y or town)	(Co	unty]	(State)
E E		p.m. 19	at work								
		Ify that (1) (this hospi									
İ		eceased alive on No	v. 21,	19 💆 ,	and that	death occured a	atO. 450, Mron	n the causes	and on	the date	
	22a. SIGNA	Tuke athen	Wi E	Prac ket	to M.	ATTENDING	MED.	STAFF PHYS.	VCN 1	≥mber	22b. DATE SIGNED 21, 1,01
	22c, PHYSICI	(Type)	DD Malalim	m rm	J. T. T. T.	22d. ADDRESS					
			BRACKET	75 = -		US.	Naval Ho	- Zi _ +	z		Ma
23	REMOVAL CR	EMATION 236 DATE THE	RESF 2	30 SHAME OF		OF CREMATORY		ATION (CITY, IN	1677 TOUR	(ציוו	(Stale)
B		1 1/2/	61	Frirfex	Hemor	ial Carden	ns Pa	ir ax	Virgi	nia ·	
34	FUNERAL DE	COURS SIGNATURE	3	ADDRESS 4	Fin	Leas 9 200	REE DE BY REGIS	TRAR 25b. R	EGISTRAR'S		
L	verly S	meral Kome	Main	th Rock	rfay V	S DAT	MUYZA	01	C -5117	S. Than	A

uneral ed within 24 hours after 뫔 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filled with the State Dept. of Health prior to burial, cremation, or removal, and if any event, within 72 hours after de-THIRL OR AITENDING PHYSICIAN: The law requires that the death certificate be ex Ö VR A15 (4) 15M 7/61



CORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RE CERTIFICATE OF DEATH Item 23b. Film G501 44/61-PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE by the land 2 send 2 seath. MARYLAND b. CITY OR TOWN lif outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) write RURAL and give nearest town) Washington .57. Buthesda (Rural) 1 hr. 32 min a. IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 23 Galvest in ilace, YES NO X S. Naval Hospital NAME OF Year Middle 4. DATE DECEASED (Type or print) Raby Peterson DEATH November 15, BUV 19 c and cor 9. AGE In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7, MARRIED NEVER MARRIED X 8. DATE OF BIRTH last birthday) Mal Caucasian wipower November 15. DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stata, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Bethesda, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Dole Carlton Peterson Barbara Jeanne Little 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO 17 INFORMANT Addrass (Yas, no, or unkown) | (if yas give war or dates of service) FATHER: Dale C. Peterson, Jame as has been signed by the attending physician. INTERVAL BETWEEN ONSER AND DEATH 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the burial-transit gave rise to immediata cause **DUE TO** (a), stating the underlying ART I OTHER SIGN FLANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILA) 19. WAS AUTOPSY
SENTHER SIGN FLANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT PERFORMED? may be retained by the hospital o DIRECTOR: After this certificate 3 should be detached for use as th 17 NO prior angmo 20a. ACCIDENT WAS UNDERLYING LOR CONTRIBUTING LOCALS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part) or Part II of Item 18.) (Stata) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) factory, streat, office bldg., atc.) Not While While Hour a.m. at work at work D.M saw the deceased alive on Lovember. 15...19.61..., and that death occured al.: 2.7/M/from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED-November PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed v B. AVERY LT MC Hospital, Bethesda, Md. 23a. BURIAL, CREMATION | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stata) REMOVAL (Specify) Burial Parklawn Cemetery Rockville. Md. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DIRECTOR'S SUSSIATURE 24 TUNERAL VR A15 (4) 15M 7/61 in as & throws Funeral Home, Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



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X.

MARYLAND STATE DEPARTMENT OF HEALTH

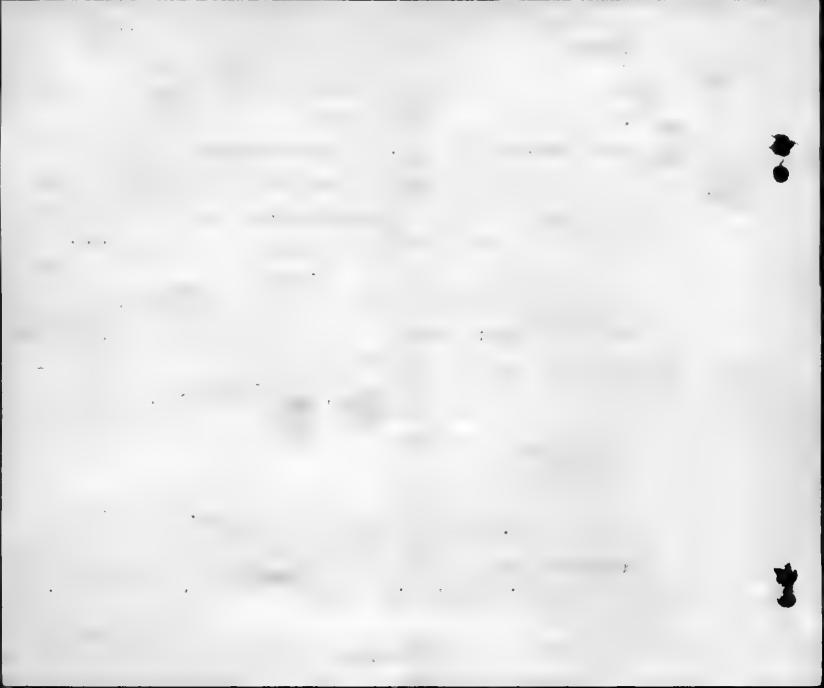
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 44000

L1.600U		
1. PLACE OF DEATH	2. USUAL RESIDENCE (W	here deceased lived, If Institution: Residence before adjn ssion)
e. COUNTY	a, STATE	b. COUNTY
Montgomery b. City OR TOWN (if outside corporate 1 mits, c.	MARYLAND ATTIONA LENGTH OF STAY IN 16 C. CITY OR TOWN III outside	le corporate limits, write RURAL and give neerest town)
write RURAL end give neerest town)	LENGTH OF STAT IN 16 C. CITE OR TOWN (II OUSIG	e corporate linitis, with KOAAL and g ve needes town)
Dethesda_	85 days Tempe	41 X = 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp'te	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
The Climical Contact Dather	3 71. 364 3707 Amonho D	VICET NOTE
The Clinical Center, Bethes	da lli, Md. 1707 Apache B	oure varia
DECEASED		
(Type or print) William	Edward Pike	November 20 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED . B. DATE OF BIRTH	9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
NOTO TRALE WIDOWED	DIVORCED TO Company 12 301	a de la la la la la la la la la la la la la
Tale wille	OF BUSINESS OR INDUSTRY TI. BIRTHPLACE (COUNTY & SI	
done during most of working life, even if retired)	of Particle and Internal III. Diviliant of Courty of an	
Fish cutter une	mployed Massachusetts	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MA DEN NAME	
Valence B ike	Evelyn Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. INFORMANT The Medi	Cal Recognites
IVes no or unknown) ! (If yes nive war or detect fear vire)	available The Clinical Cent	
<u> </u>		72
18 CAUSE OF DEATH [Enter on y one couse per line	for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART . DEATH WAS CAUSED BY: "MAMEDIATE CAUSE (*) Cardia	c arrest	Immediate
H DUE TO		
Comilia	al anoxia	Indeterminate
gave rise to Immediate causa		
(a), stering the underlying DUETO		rection of
177	perative embolism, atrial se	
Z PART I. OTHER S.GNIFICANT CONDITIONS CONTRE	BUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DIS	SEASE COND TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRI OR CONTRIBUTING CAUSE OF DEATH		YES KI NO T-
200. ACCIDENT WAS UNDERLYING 206. DESCRI	BE HOW INJURY OCCURED. (Enter neture of injury in Pert t or	
OR CONTRIBUTING CAUSE OF DEATH	the stands in the standard of	
		и •
5 20c. TIME OF INJURY Month, Day, Year 20d. INJ	6- 1 1 1 1 1 1 1 1 1 1	(City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJI Hour a.m. While at work	Not While lactory, street, office bldg., atc.)	
		to Nov. 20 19.61 that 1) (we) last
	19 O.L., and that death occured at Z.I.A.A.	from the causes and on the date stated above.
22e. SGNATURE	ATTENDING MED.	STAFF SIGNED
I word -	M.D. PHYS. DRECTO	
22c. PITSICIAN'S	22d. ADDREST The. C	linical Center, National
MAME (Type) Joseph W. Gilb	ert, M.D. Institutes of	Health, Bethesda 14, Md.
		LOCATION (City, town or county) (State)
REMOVAL (Specify)	PAGE THEORY OF CHARACTERS OF MERCHANICS	TEULE ANIZ
1 emer 2 1		101130 1112
24 FUNERAL DIRECTION'S SIGNATURE	ADDRESS C. + . W. 250. REC'D BY	registrar 256. registrar's signature
W.W. Chamista Co. 1700	Children St. N. W. DATE NOV 2	7 '61 (2 /

death: 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by the truncal be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) EE 9/60



TH DEPT. pages 0 permit. Ø TO m = èi O should be for FUNERAL

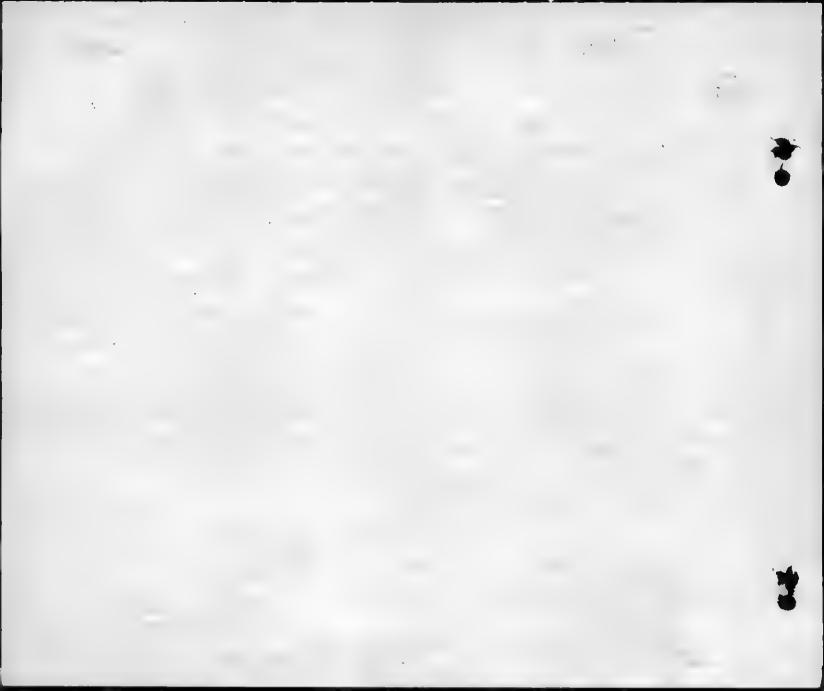
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY b. C.TY OR TOWN c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporete limits, write RURAL and give inferest town) rif outside corporete limits. rearest town) SRITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO FA 3. NAME OF DECEASED OF DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdayl Months Doys Hours DIVORCED T WIDOWED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUS NESS OR INDUSTRY | 11 done during most of working life, even if ret red) 13. FATHER S NA. EVER IN U.S. ALMED FORCES? I 16. SOCIAL SECURITY NO. I 17. IN (Yes no, or unwwn) (Ifyesgivewerardetesafservice) IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which " (b) geve rise to immediate cause **DUE TO** (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NOJ 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection 1 Inquiry 🗸 Undetermined manner Accident Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER E SOLE EN S NAME (Type Address (Street, city, town, or county REGISTRAR'S SIGNATURE Orthur S. House



ages 1 and 2 should

thin 24 hours after

death. C. 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove cathor papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event; within N2 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe

TO He death.

VR A15 (4) 15M 9/60

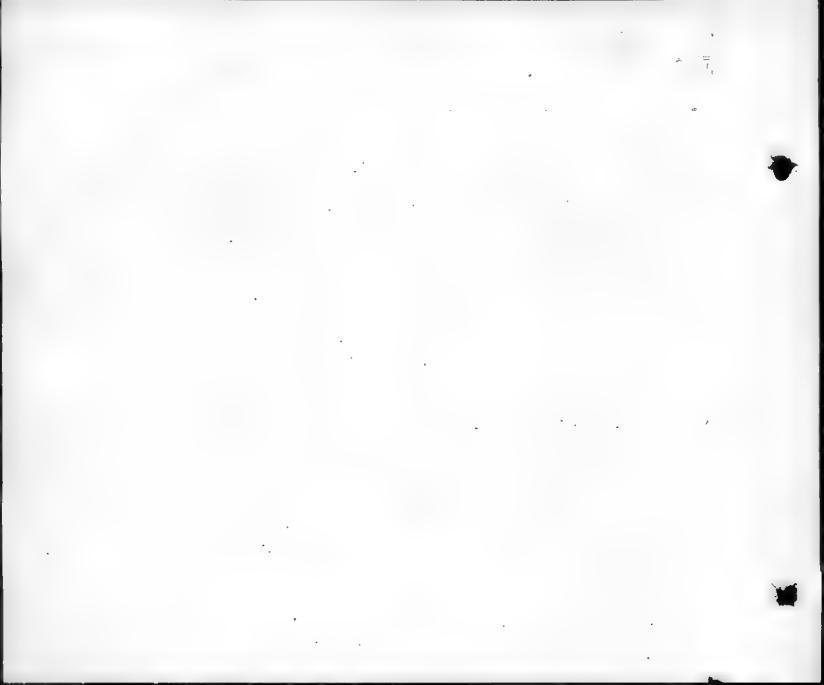
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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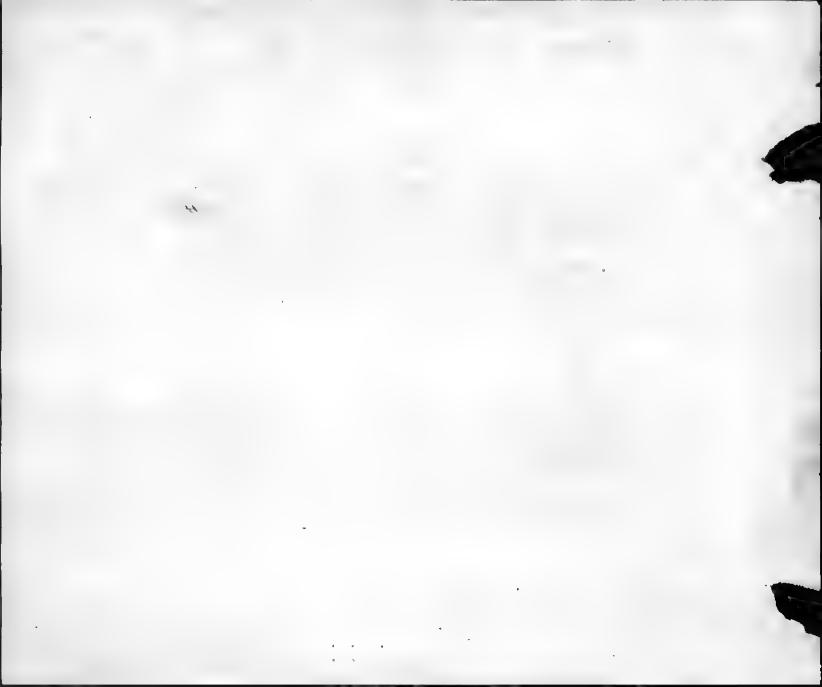
1. PLACE OF DEATH e. COUNTY	2, USUAL RESIDENCE (Where decessed I ved, If institutions Residence before edm ssion) e. STATE b. COUNTY
Montgomery MARYLAND	Maryland Montgomery
b. CITY OR TOWN (f ourside corporate limits, c, LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL and give neerest town) Bethesda	58 Bethesda
d. NAME OF HOSP,TAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREEF ADDRESS
	ON A FARM?
6216 Walhounding Road	6216 Walhounding Road YES NOW
DECEASED 41/	Last 4. DATE Month Dey Year
(Type or print) HICEN H.	O T TEY DEATH NOV. 28 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	10/12/84 To rithdey Months Deys Hours Min.
100. USUAL OCCUPATION (Give kind of work 180b KIND OF BUSINESS OR INDUSTR)	
done during most of working life, even if retired)	Winne gets
Retired U. S. Gvt	Minnesota USA 14. MOTHER'S MAIDEN NAME
10. Patrick 3 Name	16. MOTREK 3 MAIDEN NAME
Alden H. Potter	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, 11 (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	NFORMANT Address
	yd A. Potter-Son, Bethesda, Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	thrombos of longer and DEATH
	- 10 mil
42010 DUE TO	robic Heart Disease 7 years.
Conditions, if any, which gever ise to immediate cause	TO ONE MEET DISELSE 1 YEAR.
(a), stelling the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART P. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING CORED. OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CITE THER. NOTIFY MEDICAL EXAMINERS	YES NOST
200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
	CE OF INJURY (Home, ferm, 201. (City or lown) (County) (Stete)
	ry, street, office bldg., etc.)
	i a la
21. I certify that (I) (this hospital) attended the deceased from	1955, 19 , to NOV 28, 1961, that (1) (we) last
saw the deceased alive on	death occured at R.M. from the causes and on the date stated above.
22e. SIGNASURC	22b. DATE
John W. Fahment	ATTENDING DIRECTOR DIFFECTOR PHYS. D 11/28/61
222 PHYSICIAN'S	22d ADDRESS
DAME (Type)	1728 Mass Avanua N W Wash DC
John W. Latimer, Jr	1728 Mass. Avenue, N. W. Wash DC
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	
Cremation 11/29/61 Cedar Hill	Crematory Suitland, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey, Bethesda, Mary	rland DATE DEC 1 '61



1	The s	T	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18					
4 25	K		12883 CERTIFICATE OF DEATH Reg. Dist. N2869					
. Page I director filed with	N		PLACE OF DEATH BEL Pre MERSING / TUNE 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Was Hing for b. COUNTY D. C.					
death.	(1)	1	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) SIVER SPRING C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Washington OC 47x-3					
ors after by the d 2 shau	90		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION NEW 1500 MASS. AV. NW e. IS RESIDENCE ON A FARM? YES \(\sum \) NO PI					
Flied The	1	3	NAME OF First Middle RADE 2X4 4. DATE Month Day Year OF DEATH 11 24 19 6/					
ed within		5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min. WIDOWED DIVORCED JUNE 21, 1877 9. AGE (In years lost birthdoy) Months Days Hours Min. WIDOWED DIVORCED DI					
execute			Oa. USUAL OCCUPATION (Give kind of work done of the first					
te be	<u> </u>	13	SIMON HAY BETTY					
certifica ng physic remave	* 100m * /	1.	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Von. 100, or unknown) ROSE KORPA 1500 MASS. AVENU.					
the deoth e attendine nen please			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebrous culsus Thrombous Thrombous					
ires that ined by th permit Th	2 A A A A A A A A A A A A A A A A A A A		Conditions, if any, which gove rise to immediate couse (a), stating the under: DUE TO Generally ed Center of Schools DUE TO DUE TO					
rian. en sig		١,	lying cause last. (c)					
physical phy	,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS PERFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS PERFORMED. PRINT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS PERFORMED.						
tending fricate if	, o	CEDITIE	200 ACCIDENT WAS UNDERLYING A CENTRE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
PHYSIC of or at this cert r use as		A DE DICK	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur a. m. p. m. 19 While Nat while at wark a					
binG haspir After red fo			21. I certify that I attended the deceased fram 11/2, 1961, ta 11/24, 1961, that I last saw the deceased					
TTEN TOR: defact	2		alive an 1/24, and that death accurred at 5/20 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED					
OR A ned b	D A		SIGNATURE Max 9. Steen 12) M.D. 2025 Cyc Street NW Clark D(1)					
RAI shou			PHYSICIAN'S MAX G. SHERER, M.)					
may S FUNE Page 3	D) U	2	20 GUBAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, lawn, or county) REMOVED BY A LOCATION (City, lawn, or county) REMOVED BY A LOCATION (City, lawn, or county) REMOVED BY A LOCATION (City, lawn, or county) REMOVED BY A LOCATION (City, lawn, or county)					
VS A15 (4)		2:	S SUNFRAL DIRECTOR'S SIGNATURE ADDRESS - the 1 1 240. REC'D BY REGISTRAR'S SIGNATURE					
15M 9/5B		1	D. Dangansky 1867 & 3501-14 St. 1.11 0416 2 8 '61 willing & theme					



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1/		I to 1 1 1 Fil. G 5 2 MARYLAND STATE DEPARTMENT OF HEALTH 1 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		1288) MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12871
HEALTH DEPT.	, i	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) 5. COUNTY) 6. COUNTY)
Y ag ag		monte mery maryland . STATE med b. COUNTY montes
SS C P R A	V -	b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (foutside corporate I m.ls, write RURAL and give genest lown)
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in in principal in the	΄[≒	d. NAME OF HOSPITAL OR INSTITUTION (I not in hospite), give street address) d STREET ADDRESS
8 5 5 V		37 Philadelphia ONA FARM?
d dina	ì j	NAME OF First Middle Last 4, DATE Month Dey Year
trate nets		(Type or print) Extl. (19 1961
of the state of th	5	SEX 6. COVOR OR RACE, 7. MARRIED TI NEVER MARRIED TO B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS.
dea nd dea		fearle White WOWED DIVORCED DIVORCED DIVORCED Devs Hours Min.
fter 2, a 5 r d 2 hot	11	USUAL OCCUPATION IG ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
s 1, s	ľ	the during most of working life, even if retired) M. S. Gran
be age	\ i	D. FATHER'S NAME
2 0 M 8 3	4	L. R. Glin Charen
HO FIE		S. WAS DECEASED EVERTINUS, AMED FORCES? 16, SOCIAL SECURITY NO 17, INFORMANT
W The top of the top o	10	(es, no, or unkown) (lifyesgive we for detecof service)
uted Item With		1 18. CAUSE OF DEATH [Enter only one cause per line for (a). (b), and (c)]
nsit h		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Barbiturate Poisoning
oncil ancil and afe		DUE TO
In per ffice vial		Conditions, if any, which
a bio		geve rise to immediate ceuse
din din as		(a), stating the underlying course lest.
per per sami sad sad	7	THE PROPERTY AND ADDRESS OF A THE REST OF THE PERSON OF TH
be u	NOR Y	PERFORMED? YES NO T
This wo dica dica cren	_\ \ \ \ \ \ \ \ \ \ \ \ \ \	20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II of Item 18.)
Shoot Shoot	SETTE	PRIMARK OF CONTRIBUTING
INI Initial Page 3	IA.	20c. TIME OF NJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. ICity or town) (County) (State)
Pag of	WEDICAL	Hour s.m. While Not While factory, street, office bldg., etc.)
E SE	1	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection , Inquiry , and in my opinion
HILL HILL HILL HILL HILL HILL HILL HILL		death resulted from. Natural causes , Accident , Suicide , Homicide , Undetermined manner
STG STG STG STG STG STG STG STG STG STG	\uparrow	CHIEF MEDICAL EXAMINER
를 수 있다.		ACTUAL TELES A STAND HOLL & ASSISTANT MEDICAL EXAM NER DATE SIGNED
AT.		DEPUTY MEDICAL EXAMINER TO
I D D D D D D D D D D D D D D D D D D D		NAME (Type) FLANK J. BLUSCH & Address (Street, city, town or country)
UNU Us d	2:	22. WRIAL, CREMATION, 230. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 221. LOCAT ON LATE, 10WIN, or COUNTY (STOTE)
0 g 4 0 g	-	Derival (Specify) War 24- 1/6/1 Egent Hell Dometry Prince Leave to - Md
H H N	1 2	STEWNERAL DIRECTOR 246. REC'D BY REGISTRAR 246. PEGISTRAR S SIGNATURE
VS. A15ME 5M 9/60	1	Collect Veller State of the Collect & three
	1/-	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12886 CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admiss on) PLACE OF DEATH Prince Georges a. COUNTY Montgomery Marvland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 pue ģ write RURAL and give naerest fown) 1 Days Oxon Hill Bethesda d. STREET ADDRESS a IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat audress) ON A FARM? YES NOTE The Clinical Center, Bethesda 14, Md. 1115 Brockton Road NAME OF DATE DECEASED November 4. (Type or print) 61. Annie Mae Rennoe 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) . Months I Days DIVORCED Female White WIDOWED [12. CITIZEN OF WHAT COUNTRY? 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIKTHPLACE (County & State, or foreign country) done during most of working life, even if retired) physici U.S.A. None None Virginia 1 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please aftending Minnie Cornell and William Rennoe 15. WAS DECEASED EVER N L.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT The Medical Records (Yes, no, or unkown) ((Ifyesgive war or dates of service) Unascertainable The Clinical Center, Bethesda 14, Maryland the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Sepsis l week IMMEDIATE CAUSE (a) DUE TO Broncho pneumonia week (b) gave rise to immediata cause **DUE TO** (a), staling the underlying Acute Myelogenous leukemia the hi PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 35 NO · 20a. ACCIDENT WAS UNDER YING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part I or Part II of item 1B.) (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that XIX (this hospital) attended the deceased from November 3 1961, to November 1, 19.61, that (b) (we) last saw the deceased alive on November 4. 22a. SIGNAPURE SIGNED ATTENDING. DIRECTOR PHYS. November 6. PHYS. MD. The Clinical Center, National 22c PHYSICIAN'S NAME (Type) Edward S. Henderson Institutes Of Health, Bethesda ll., Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a, BURIAL, CREMATION, | 23b DATE THEREOF REMOVAL (Specify) Manassas 0 Manassas Nov. 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 SUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

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RYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before eqmission) Montgomery **b.** COUNTY MaYA MARYLAND # 7 E c. C:TY OR TOWN (If outside corporeta limits, write RURAL and give nearest fown) b. CITY OR TOWN (if outside corporete limits, E. LENGTH OF STAY IN 16 write RURAL end give nearest town] 153 days Bethesda Portland . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d STREET ADDRESS ON A FARM? YES HO The Clinical Center, Bethesda 14, Md. 270 Brackett Street 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH Patrick Francis November Ridge 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. carbon 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED | 8. DATE OF BIRTH last birthdey) Months Days and July 14, 1909 WIDOWED [DIVORCED [Male 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore on country) 12. C.TIZEN OF WHAT COUNTRY? remove done during most of working life, even if retirad)

Yard conductor (retired) Maine U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth Ridge Michael Ridge 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Recomme (Yes, pg. or unkown) (livesgivewarordatesofservice) The Clinical Center, Bethesda ll., Maryland Unavailable 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH I PART I, DEATH WAS CAUSED BY: Versallian one hay, Vunocardial MMEDIATE CAUSE (0) **DUE TO** artery Heart Disease peen geve rise to immediate cause DUE TO (a), stating the underlying certificate ha PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY 8 0 NO F au coma) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) factory, street, office bldg., etc.) _Not While While Hour a.m. al work et work 226. DATE 22e. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR Nov. 20. 1.961 The Clinical Center, National 22c. PHYSICIAN'S 22d. ADDRESS Michael Field. M.D. Institutes of Health, Bethesda 14. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BUR.AL, CREMATION, 23b DATE THEREOF REMOVAL (Spec'ly) å. # O South Portland Calvary South Portland Maind Burial-Transit_ll 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert A. Pumphrey, Bethesda, Maryland DATE NOV 22'61 aring S. Trans 15M 9/60

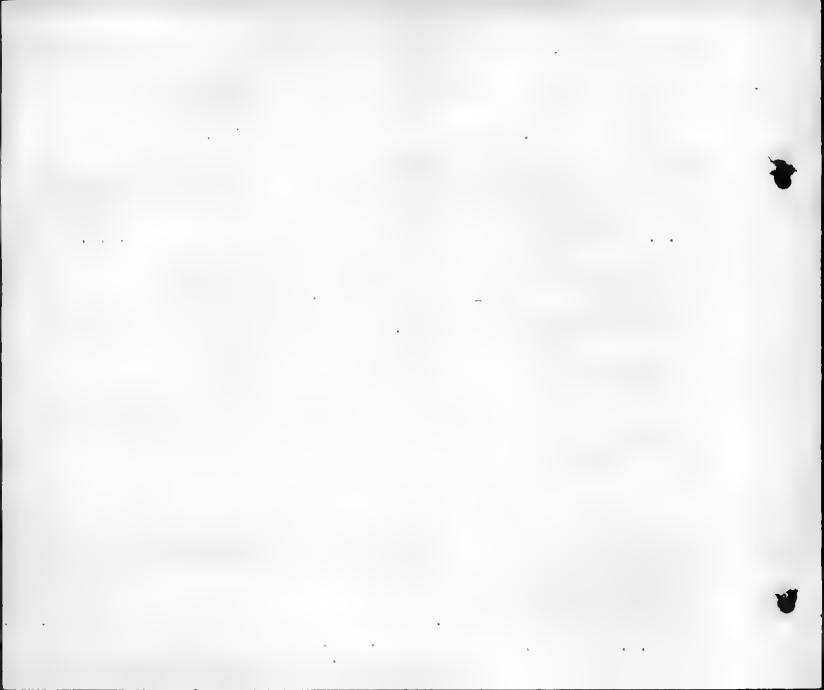


REET. BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution: Rasidence before edmission) a. COUNTY e. STATE b. CITY OR TOWN (if outside corporets limits,
write RURAL and give nearest lown) MARYLAND c. CITY OR TOWN (If outside corporate limits, wr a FIRAL and give nearest lown) c. LENGTH OF STAY IN 16 akoma washington, b.C. d. NAME OF HOSPITAL OR INSTITUTION is not in hospital, give street address) NAME OF DECEASED (Type or print) DEATH 6. COLOR OR RACE AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH 7. MARRIED NEVER MARRIED 2 with Inst birthday) Days Months Hours WIDOWED TV DIVORCED 5 m d 2 hou IDa. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Housewit 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sed IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of servica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH and LMMEDIATE CAUSE (a) noval, burial Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY PERFORMED? NO 4 CERTIFICA O 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING W CAUSE OF DEATH. Chief 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City of town) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Awopsy Inspection Inquiry and in my opinion 0 death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER SLUSCHERT M.D. ASSISTANT MEDICAL EXAMINER ACTUAL DATE SIGNED should be for FUNERAL DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THERED 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) (State) REMOVAL (Specify) Gate of Meaven Cem 408 Wheaton Maryland 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME aller S. Kraus W. K. Huntemann & Son N. W. DATE NOV 21 SM 9/60

LARYLAND STATE DEPARTMENT OF HEALTH



12 2	MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
1 C C .	(2889 CERTIFICATE C	OF DEATH Reg. Dist. No.
director	1. PLACE OF DEATH a. COUNTY Montgomery MARYLAND 2. USU a. ST	AL RESIDENCE (Where deceased lived. If institution: Residence before admission) TATE Maryland b. COUNTY Montgomery
funeral old by	b. CITY OR TOWN (If outside corporate limits, write RURA) and give negret fown 1 ing 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
by the	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION LOUIS Ave.	9105 Louis Ave.
24 ho	3. NAME OF DECEASED (Type or print) Harry Lawrence Ri	tter Seath Nov. 29, 1961
d within	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE 6 male White WIDOWED DIVORCED 10/	1/02 last birthday) Months Days Hours Min.
e be executed an and campi carbon papers. after death.	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. D.C. Transit Receiver of Revenue	Virginia Visania Virginia Virginia
ician al	Barton Ritter	OTHER'S MAIDEN NAME Adelaide Hamilton
ng phys e remay 72 hau	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAL (19s. no. or unknown) 1819-10-5631 Agne	
FAL OR ATTENDING PHYSICIAN: The tow requires that the deal frained by the haspital ar attending physician. At DIRECTOR: After this certificate has been signed by the attent hould be detached for use as the burial-transit permit. Then plear or priar to burial, cremation, ar remaval, and in any event within	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a. pt. p. m. 19 20d. INJURY OCCURRED While at work 20e. PLACE OF It factory, street at work 21. 22. 22. 23. 24. 24. 24. 24. 25	RBBB, anything old infantin Xaare ACCL, Rocto of domina fittina 3 murbly ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY La Poffice of Comment of them 18.) NURY (Home, form, 20f. (City or town) (County) (State) NURY (Home, form, 20f. (City or town) (County) (State) ADDRESS (Street, city or town, state) DATE SIGNED 210 Colonials of the County of town, state) ADDRESS (Street, city or town, state) DATE SIGNED
may may begin a selection of the registion of the registi	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMAT	TORY 22d. LOCATION (City. town, or county) (State) Crematory Prince Georges County, Md
VS A15 (4) 15M 9/55	29/19 De S. H. Hines Co. 29/19 RES 14th St. N. Washington 9. D.	



death. Paga was be retained by the hospital — attending hystician.

To Paga was be retained by the hospital — attending hystician.

To Paga was be retained by the hospital — attending hystician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

thin 24 hours after

The law equires that the death certificate be ex

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MITENDING

0

HP

VR A1E (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (CERTIFICATE OF DEATH 12890

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I vad, If institutions Residence before admission)							
* Montgomery Maryland	* STATE Maryland b. COUNTY Montgomery							
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN It	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Write RURAL and give nearest town) Bethesda 24 days	Chevy Chase							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE							
Suburban Hospital	3502 Preston Court / YES NOTE							
3. NAME OF First Middle DECEASED	Lest 4 DATE Month Day Yeer							
(Type or print) Robert J.	Rogers DEATH Nov. 12, 1961							
5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday Manths Days Hours Min.							
Male White WIDOWED DIVORCED	June 4, 1905 56 yrs. Months Days Hours Min.							
	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
dona during most of working life, evan if retirad) Sec. Tres. Hosp.Plan U.F.P	.C. Nebraska U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Patrick J. Rogers	Mary Irwin							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. (Yas, no, or unkown) [(Ifyas givawaror detes of service)]	INFORMANT Address							
No B90-12-3791 Be	ernice Rogers(wife) same as above							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Part I. DEATH WAS CAUSED BY:	Jack							
DUE TO								
Conditions, fany, which > (b) Concerne of the fun								
gava risa to immadiata causa	J							
(a), stating the underlying cause last.								
FART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?							
ATIC	YES NO NO							
PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT . 208 ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OF ITE EITHER, NOTIFY MEDICAL EXAMINER	ED. (Enter nature of Injury in Part I or Part II of Item 18.)							
	LACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) actory, street, office bldg., afc.)							
p.m. 19 at work at work								
21. I certify that (I) (this hospital) attended the deceased from	10/13 19 (d. to 11/2, 1941, that (I) (we) las							
saw the deceased alive on	at death occured at 4.4 M, from the causes and on the date stated above							
220. SIGNATURE	ATTENDING MED. STAFF 226. DATE M.D. PHYS. DIRECTOR PHYS 11/ 12/01							
- Walter for Willey								
22c. PHYSICIAN'S NAME (Type) W. H. KILLA	8218 WISCOUSIR AUE							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)							
Bur-Transit 11/17/61 Holy Cross	Cemetery Milwaukee, Wisconsin							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE							
Robert A. Pumphrey, Bethesda, Mar	yland DATE NOV 14'61 Cirilwo S. Kraus							



7	1 ~	2	te	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR	R STATI	E)		12831 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEAL	TH DEL	T.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY b. COUNTY
A Yes San T				b. CITY OR TOWN (if oulside corporate I,mits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if oulside corporate I,mits, write RURAL and give nearest town)
is nec	ard out	X		WE'LE RURAL and give manage town) I A K I M A I A R K I DOA SI VER SPRING d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS. d. STREET ADDRESS.
delay.	are Bourth.	1	L	JAShington San + Hosp. 1002 OSAGE ST. VES NO NA FARM? NAME OF NAME OF NOTE AND NOTE OF THE MORE NOTE OF THE PARTY VEST NO NAME OF THE PARTY VEST NOTE OF THE PAR
o the f	the St	1		DECEASED ROBERT RICHARD RUDY DEATH // 20 1961
r deat	may t 2 with burs af		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 14 HRS. Hest birthday) WIDOWED DIVORCED NOTES MIN.
urs afte	Land Tall).		. USUAL O'CCUPATION (G.ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (State or fore gin country) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (State or fore gin country) 14. CAAA.
24 ho	PM3		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME
within 18. G	nit. File		1S, [Ya	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1002 05 A & E AV. (If yes give war or deles of service)
ecuted in Item	ong with snsit perr id in any			18. CRUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:
	ce alorial-tran			433 / DUE TO Cardiac heart failure Sudden
should in in	r's Off			Conditions, if any, which gave rise to immediate cause (b) Cardiac arrythmia DUE TO
ficate	sed as			cause last. (c) Interstial myocarditis PART II. OTHER S GN FICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e): 19. WAS AUTOPSY
ils cerf	cal Exa d be us emation		CERTIFICATION	PERFORMED? YES NO -
ER: Th	Med shoul ial, cr		-	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18 , PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
AMIN	e Chief Page 3		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While factory, street, office bldg., etc.) p.m. 19 at work at work
EX.	O.R.: Prior	1	~	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry . and in my opinion
Certific	arded to RECTO:	X	4 44,	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
7 MED	202			SIGNATURE trans & Broschart M.D. ASSISTANT MEDICAL EXAMINER [DATE SIGNED
EXAC	should be for FUNERAL		22-	EXAMINER'S NAME (Type) F-7-ANK J BLUSCH 2H Address (Street, city, town, or country) BURIAL, CREMATION 22b, DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Jown, or country) (State)
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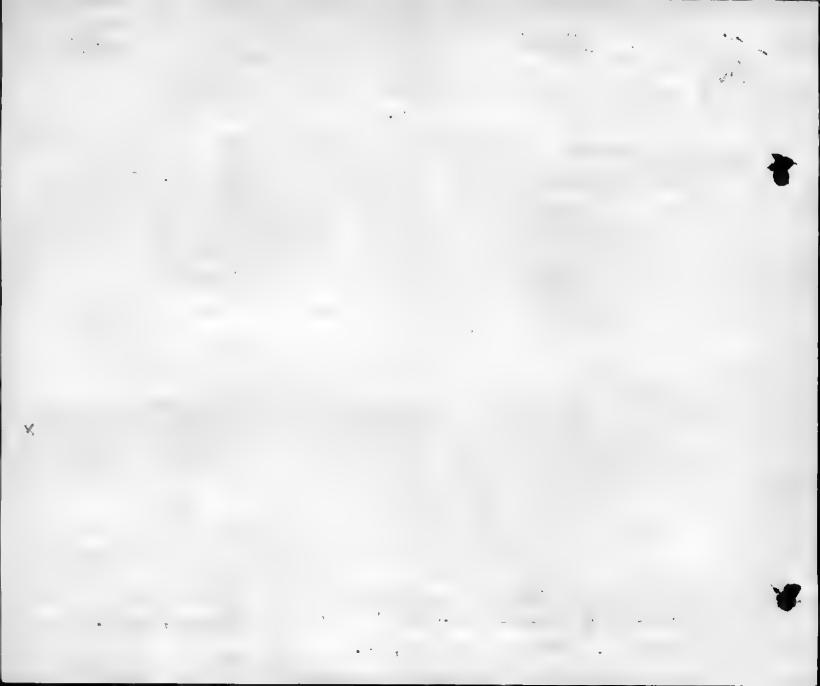
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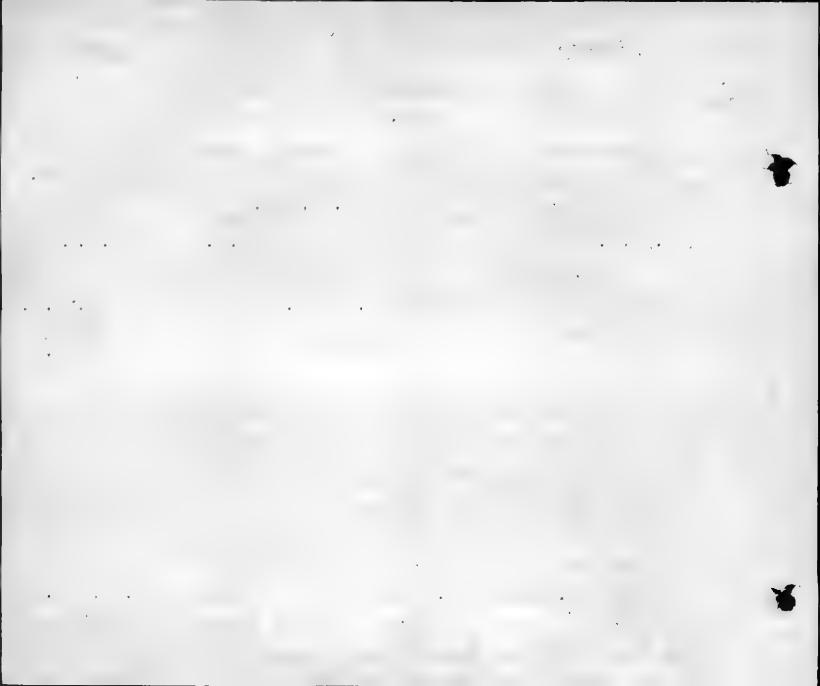
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edm ssion) e. COUNTY b. COUNTY Mont. Co. e. STATE Mont. MARYLAND b, CITY OR TOWN (if outside corporate I mits, C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outs'de corporata limits, write RURAL and give nearest town) write RURAL end DE LINES (12) 1 hr 10 mins. Gaithersburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) id. STREET ADDRESS e. IS RESIDENCE ON A FARM? Suburhan R #1 Laytonsville YES NO A 3. NAME OF Middla 4. DATE DECEASED Charles Saffell Nov. 11. 19 61 (Type or print) DEATH W.H 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE (In yaers IF UNDER 1 YEAR IF UNDER 24 HRS. birthdey) Hours Min. maile WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Sa nitary Comm. Marvla nd U.S.A. pages 1 within PM3. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Saffell Betsy ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. ENFORMANT Address (Yas, no or unkown) (If yas giva was or datas of sarvice) Maria n Ca rlisle none R.F.D. # 1 /Rockville with 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSED AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stelling the underlying cause lest. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/01, 19, WAS AUTOPSY PERFORMED? NO pluods 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED; 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta) fectory, street, office bldg., etc.) Hour e.m. While Not While et work at work S S S 21. I certify that I took charge of the remains described above, held an Autopsy I, Inspection Inquiry 12 end in my opinion Natural causes . death resulted from: Accident Suicide Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) REMOVAL (Specify) Forest Oak Z40 Gaithersburg 23. FUNERAL DIRECTOR ADDRESS 24n, REC'D BY REGISTRAR VS. AISME-Gaithersburg. Ernest C. Gartner



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceesed lived, If institut on: Residence before edm ssion) 1. PLACE OF DEATH e. COUNTY b. COUNTY MONTGO: FL 3Y MONTGOMERY MARYLAND the day c. CITY OR TOWN (If outside corporate I mits, write RURAL and give necrest town) pue b. CITY OR TOWN (if outside corporate tim ts, . E. LENGTH OF STAY IN 16 þ write RURAL and give nearest town) BETHESDA 9 Hrs. .⊆⊤ Filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) #d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO X ROLSTON SUBURBAN 89<u>1</u>9 4. DATE NAME OF M'ddla Month First DECEASED OF DEATH 19 (Type or print) SAKSA Nov. MICHAEL 9 AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH lest birthdey) and Months Hours WIDOWED T DIVORCED MALE 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stale, or foreign country) 112. OTIZEN OF WHAT COUNTRY! done during most of working life, even if retired) U.S.A Austria Coal Miner 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Brutosky John Saksa 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Ifyesgive war or dates of service) Johanna Flaim (daughter) Same as above 18. CAUSE OF DEATH [Enter only one cause per line for (e., (b), end (c)] NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 HRS IMMEDIATE CAUSE (e) DUE TO TEKIO SCLERUS 13 (~ RADVA Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.21 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 3 NO M 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part I or Pert II of 'tem 18) UF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaer factory, street, office bldg., etc.] Not While While Hour a.m. et work et work 19 6 8 to WWW , 1961, that (1) (we) last saw the deceased alive on Nov 22b. DATE 22a. SIGNATURE S.GNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) WISCONSIN AVE Leo Donovan 23d, LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BUR, AL, CREMATION, St. Joseph's Cemetery Sheppton. Penna. de G 6 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS **VR A15 (4)** ROBERT A. Bethesda. Md. PUMPHREY 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Montgomery Page director. Pagn Maryland Montgomery MANNESTIN b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give naerast town) TAKOMA PARK Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? refained ne State I 7206 Maple Avenue laple YES NO TE 3. NAME OF Middle 4. DATE DECEASED OF November (Typa or print) DEATH 61. HAROLD BugENE 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) 3 Monthal Nov. WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. C TIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) Pages (Ret.) U. S. Navy Washington, D. C. Eile pages 1 PM3 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRED H. SAUNDERS UNKNOWN form IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgive werordales of sarvica) MRS. GRACE G. SAUNDERS, 7206 Meple Ave. Tak. Pk. Md 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN Pound dead PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _Compary Occlusion DUE TO burial Œ O Conditions, if eny, which gave rise to immediate cause FO. **DUE TO** (e), stating the underlying 95 Examiner cause lent. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? cremati pg. NO 3 pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enlar nature of Injury in Pert I or Pert II of itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 2Do, PLACE OF INJURY (Home, form, Month, Day, Yaar 2Dd. INJURY OCCURRED I 20f. (City or town) [County] (State) Whila Not While fectory, street, office bldg., etc.) et work et work 20 P 21. I certify that I look charge of the remains described above, held an Autopsy | |, Inspection X Inquiry and in my opinion MEDICAL forwarded I Accident Suicide Homicide Undetermined manner death resulted from: Natural causes le the CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED be fo SIGNATURE execul DEPUTY MEDICAL EXAMINER EXAMINER'S should i Broschart Nd.
THEREOF 22c. NAME OF CEMETERY OR CREMATORY NAME (Typa) Address (bireat, city, lown, or county) LOCATION (City, Abyn, or com 22d. 40 REC'D BY REGISTRAR 1/24b. REGISTRAR'S SIGNATURE 5M 9/60 Chrimos S. Flranca



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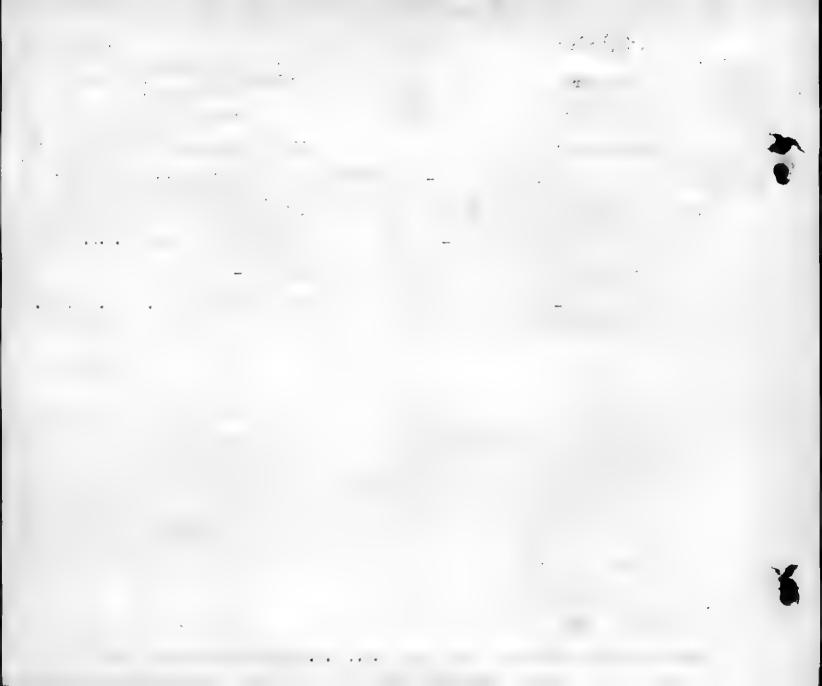
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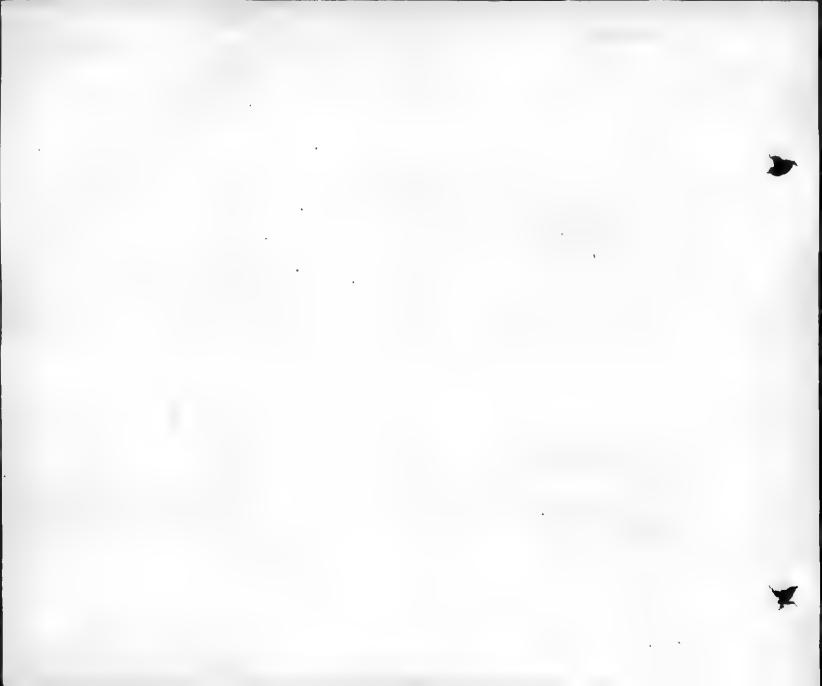
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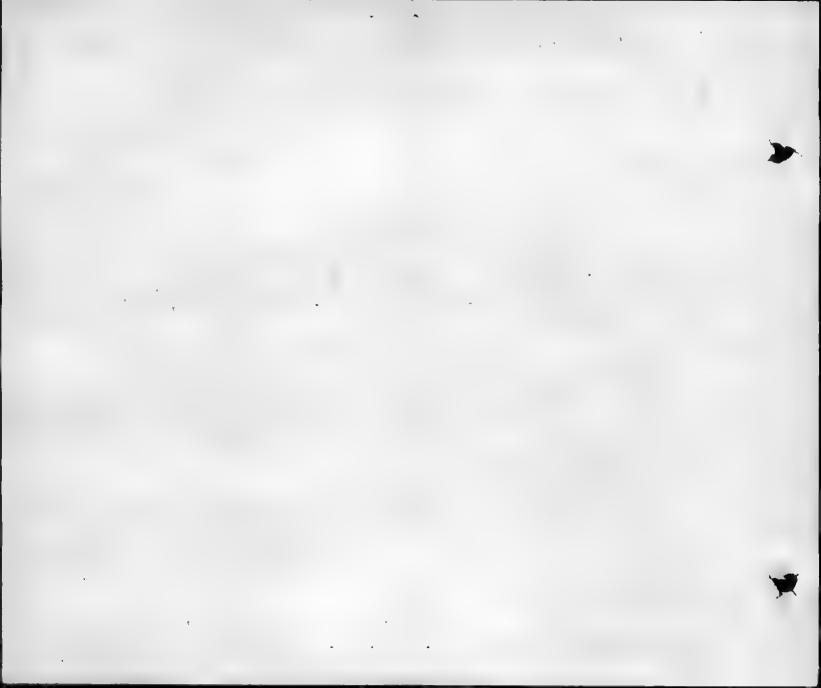


DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 12896CERTIFICATE OF DEATH director, filed with PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY a STATE be filed b. COUNTY MARYLAND funeral b CITY OR TOWN (If autside corporate limits, write, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) shauld Ezzery (Ca) d. NAME OF HOSPITAL (If not in hospital, give street address) e IS RESIDENCE d. STREET ADDRESS 91 OR/INSTITUTION ON A FARM? YES NO NAME OF 4. DATE Middle Last Month Day Yea DECEASED OF (Type or print) DEATH Pages 196 4 IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years campletely last birthday) Months Doys Hours WIDOWED \ DIVORCED ğ 100. USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foleign country) 12 CITIZEN OF WHAT COUNTRY? during most of work pg tife evap if relired) pub 62 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician -67 (d) + 2226 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17-INFORMANT Address (If yes, give war or dates of service) attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH ā **DUE TO** þ Conditions, if any, which gned t gove rise to immediate **DUE TO** cause (a), stoting the underlying couse lost. **burial-transit** Ь peen PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY crematian, PERFORMED? YES NO! 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDIGAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home; form, 20f. (City or town) 20d INJURY OCCURRED Year (County) (State) factory, street, office-bldg., etc.) Hour a.m While Not while 19 at wark at wark After 21. I certify that (i) (this hospital) attended the deceased fram... 19.62L, that (1) (we) last saw the deceased alive on , and that death occurred at _____M, from the causes and on the date stated obave AL DIRECTOR: 22a SIGNATURE SIGNED MED. DIRECTOR STAFF PHYS. 22c PHYSICIAN'S NAME (Type) 22d. ADDRESS FUNER 236 DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Spegify) emo va 0 FÜNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Oreling S. Hims VR A15 (4) ISM 9/59

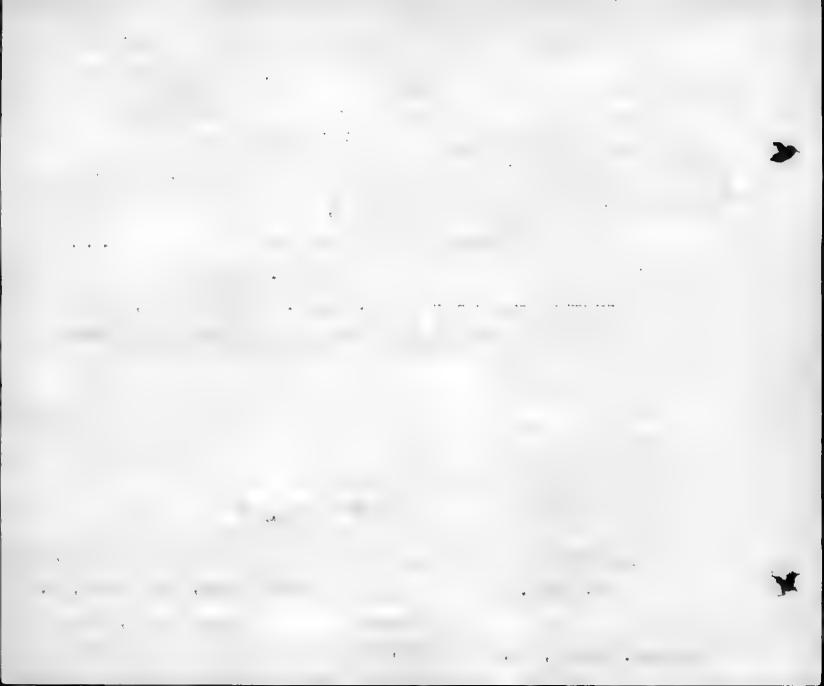


W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY e. STATE **b.** COUNTY files. Health, MARYLAND b. CITY OR TOWN (if outside eg c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE Boar ON A FARM? e retained the State B YES NO V 3. NAME OF DECEASED DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. W. last birthday) Days -24-06 WIDOWED DIVORCED 3 0 10a LSUAL OCCUPATION IG ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME page Zebulon V. Shaver Bertha Beck 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT 3525 Miffffflle Road (Yes, no, or unkown) (Ifyesg vewerordatesofservice) Bertha B. Shaver Baltimore, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per , ne for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO burial gave rise to immediate cause DUE TO (a), stating the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Chi. factory, street, office bldg., etc.) While Not While al work at work Prio p 21. I certify that I look charge of the remains described above, held an Autopsy 1. Inspection Inquiry and in my opinion DIRECT Accident Suicide Undetermined manner death resulted from Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I DEPUTY MEDICAL EXAMINER SC Address (Street, c'ty, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 226. DATE THEREOF (State) DE 22e, BURIAL, CREMATION, BULLET ₽40 g Arlington National Arlington, Virginia 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Funeral Home-1331 E. Montg. Ave. VS. A15ME DATE 5M 9 60 Rockville Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12898 1. PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss on) a. COUNTY a. STATE b. COUNMONTGOMERY Montgomery MARYLAND c. CITY OR TOWN (If outside corporata I m ts, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate l'mits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) SILVER SPRING I WYEN Takoma Park two days filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 1.523 LIVE OAK DRIVE YES NO Washington Sanitarium & Hospital 3. NAME OF 4. DATE Month Year N complet DECEASED ROBERT SHAW DEATH (Type or print) 19 CF 9. AGE (In years IF UNDER 1 YEAR ! F LNDER 24 HRS carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months and Male WIDOWED DIVORCED June 2, 1913 48 10a. USJAL OCCUPATION (Giva kind of work 0 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Salesman Automobile U.S.A. New Jersey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Shaw Katherine P. Broffitt ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1523 Live Oak Drive 16. SOCIAL SECURITY NO. 1 17. INFORMANT aften (Yas, no, or unkown) i (If yas giva war or datas of sarvica. Mrs. Helen K. ShawSilver Spring, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH 20 D'Vascular DEATH WAS CAUSED BY physic IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUF TO (a), stating the underlying eausa lad. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTOPSY certificate PERFORMED? 80 NO -20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NURY OCCURED, (Enter natura of 'njury in Part I or Part II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20a. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. [City or lown] (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, offica bldg., atc. Hour a,m. While Not While at work at work 21. I certify that (!) (this hospital) attended the deceased from saw the deceased alive on.... 22b, DATE 22a, SIGNATU ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNER Seminary Road, Silver Spring, Md. Dr. John S. Rogers 1 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF directed by file REMOVAL (Spacify) 11/27/61 Parklawn Cemetery Montgomery County, Maryland Buri al 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Ta8434 Georgia Avenue VR A15 (4) ^ Cothun S. Kraus UMPHREY, INC. Silver Spring, Maryland DATE NOV 2 7'61 15M 9/60



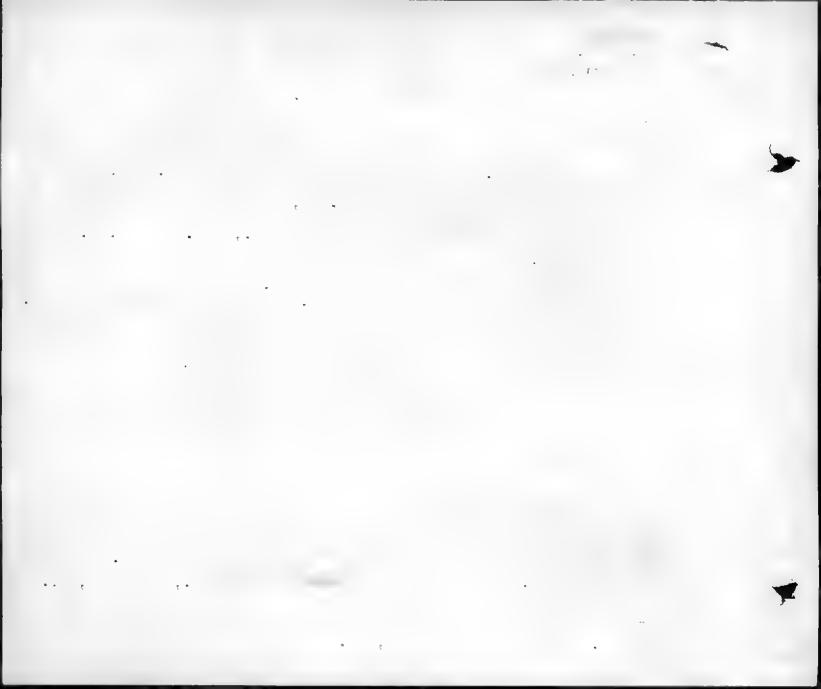
VR A15 (4) 15M 9/59 12899

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12885

1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admiss on) o STATE Mary Land b. COUNTY Mont gomery							
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cabin John	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Woodrow Place	1 STREET ADDRESS 7905 Woodrow Place STREET ADDRESS ON A FARM? YES NO							
3. NAME OF First Middle OF DECEASED (Type or print) JOSEPH M.	SHEPHERD 4. DATE Month Page 1961 Nov. 25, Day Year 1961							
5 SEX	B. DATE OF BIRTH Jan. 10, 1872 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Minister Retired	Madison Co., Ind. U. S.							
John Shepherd	14. MOTHER'S MAIDEN NAME Flora Heidy							
(Yes, no. or unknown) (If yes, give wer or dates of service)	eorge J. Shepherd Same as Item 2.							
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which } CEREBRAL	THROMADSIS INTERVAL BETWEEN ONSET AND DEATH SUDDENT ARTERIOS CLEROSIS IO YEARS							
gove rise to immediate couse (a), stating the under: lying cause lost. Column RTERIOS CEROSIS 10 YEARS								
DIABETES MELLITUS	DIABETES MELLITUS PERFORMED? YES NO IL							
To time of injury Month, Day, Year 20d. INJURY OCCURRED for the pm. 19 of work of the of work of the pm.	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)							
21 I certify that (1) (this haspital) attended the deceased fram OCI. 15. 1954, to NOV. 25., 1961, that (1) (we) last saw/the deceased alive an NOV. 24. 1961, and that death accurred 87.55 M, fram the causes and an the date stated above.								
When J. andle	M.D. ATTENDING MED. STAFF PHYS DIRECTOR PHYS NOV. 25 196							
PAME (Type) ROBERT C. ANGLE	5009 Del Ray Ave., Bethesda, Md.							
Burial-transit 11-26-61 23c NAME OF CEMETERY OF GRAVELL I	The state of the s							
24. FUNERAL DIRECTOR'S SIGNATURE BETHESDA,	Md. 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE NOV 3 0 '61							

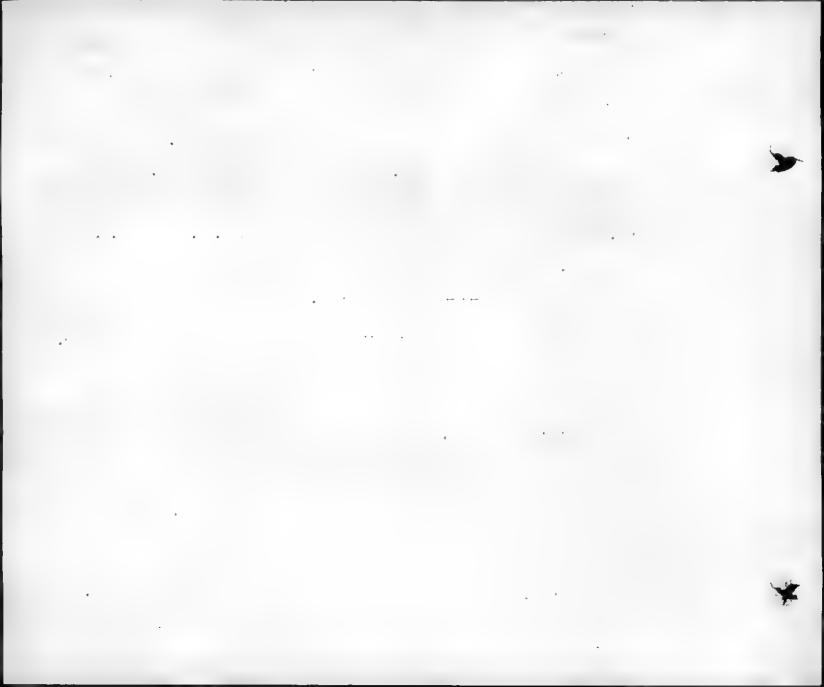


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12900

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1	2	\prec	ž	ď	ě.	i

	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY Montgome ry							
	b. CITY OR TOWN (If outside corporate limits, write	c LENGTH OF STAY IN 16	_c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	RURAL and give agorest town) Bethesda	14 days	Bethe:	sda						
	d. NAME OF HOSPITAL (If not in hospital, give street	t oddress)	d. STREET ADDRESS				e. IS RES	SIDENCE FARM?		
ı	Suburban Fightal 8000 Whittier Blvd						YES NO TO			
	3. NAME OF DECEASED	Middle	Last	4. DATE OF	Moni	h	Day	Year		
	(Type or print) Darvey	J.	Shipley	DEATH				1961		
1		THE PERSON NAMED AND	B. DATE OF BIRTH	9 /	AGE (In years ost birthdoy)	Months Day		ER 24 HRS.		
	Male White WIDOW		3/19/02		59 yrs					
١	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Serv-Foreman	_					OF WHAT	QUNTRY?		
J		Emerson & Orme		gton, D.	U.	0.0	O.K.			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN							
	Joseph J. Shipley		OTALCE	Hipsley	Addr					
	IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 (Yes. no. or unknown) (II yes, give war or dates of service)		lford A. Shi	mlar (hm		#33				
	1 1111		TIOLG W. DUT	brea (or	201161.)	11	NITERVAL BI	ETA/EEN I		
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:						ONSET AND DEATH			
	IMMEDIATE CAUSE (o)	IMMEDIATE CAUSE (o) Acute Coronary Thrombisis								
	420.1 DUE TO									
	Conditions, if any, which (b)	-								
	lying couse lost.	couse (o), storing the under-								
ß	PART II OTHER SIGNIFICANT CONDITIONS Conviced Note mitia					YES NO				
	200 ACCIDENT WAS UNDER YING 20b. DE OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Port I or Port II o	of item 18)					
		I.	ACE OF INJURY (Home, far ctory, street, office bldg., e		town)	(Cour	nty)	(Stote)		
	Hour o.m. 19 While of we	e Not while rou	olovy, sheet, olineo blog., c	1						
	21 I certify that (I) (this haspital) atten	ided the deceased from	Oct. 20 1	61 , ta	Nov.]	3, 196L.	that (I)	(we) last		
	saw the deceased alive an		leath accurred at _	M, from the	couses an	d on the de	ote states	above.		
	220. SIGNATURE QO	015	ATTENIONIC	MED S	STAFF		22	b. DATE SIGNED		
	· N truto!	book May	M.D PHYS	DIRECTOR F	HYS.					
	22c PHYStCIAN'S NAME (Type)		22d. ADDRESS							
	Robert N. Cos			dley-Lan			Md			
	230 BURIAL CREMATION, 236 DATE THEREOF	23c. MAME OF CEMETERY O	R CREMATORY	23d LOCATION	(City, town, o	r kounty)	(Sto	to)		
	11-110-61 11-16-61	V. lenw	ord fine	C(D DV DEC.C=040	Det Brow	TDAD'S S COLIS	TUDE			
	21 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 32	Ha ZSO RE	C'D BY REGISTRAR 10V 1 5 161	25b. REGIS	TRAR'S S. GNA				
1	1 1 Buntinano45	2621	CALL DATE I	IVI I W						



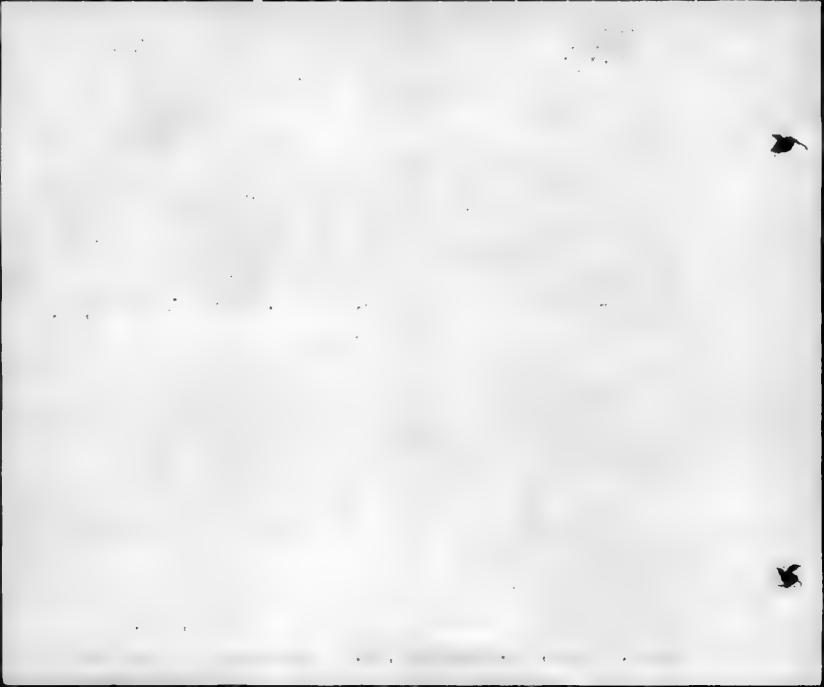
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12887

M	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmission)
4	MONTAOMERY MARYLAND STATE MARYLAND B. STATE MARYLAND B. COUNTY MONTGOMERY
J	b. CTY OR TOWN (if outside corporate 1mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate 1mits, write RURAL and give Asserts town)
1	Write RURAL and give neerest town). I VEAR SILVER SHRING
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give Street address) d. STREET ADDRESS d. STREET ADDRESS
	11/2-nt al ONA FARM?
	or minion to dust with the
ı	DECEASED / OF
J	(Type or print) ISLIZADETH PELICITE SHOLZ DEATH // 1961
	5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last bribdey) Months, Days Hours Min.
	WIDOWED DIVORCED 11 0 10 11 90 yrs.
	10e. USUA. OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fa, even if refired)
١	Homemaker Own Home DROORLYN N.Y U.S. H
	13. FATHER'S NAME
Ì	CHARLES GIESE ANNA MARIE OCHROTH
4	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 17. INFORMANT Address
	(Yes, no, or unkown) (Hyesg vewarordelesofserv.ce) None Mrs. Bernard T. Haumett Cilera Confine
	Tis. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: 6 POLY OF THE PART OF THE
	IMMEDIATE CAUSE (a) CHICLE SCHOOL ACCOUNTS
	Gooditions, if any, which (b) Children calculate kelder described and calculate course (b)
	[o), stelling the underlying DUETO
	Cause fest. [c] PART II. OTHER PIGNIFICANA CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO ATE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	PERFORMED?
	YES NO XI
	20e. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of tem 18.) OR CONTRIBUTING [] CAUSE OF DEATH I [EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State)
	p.m. 19 at work at work
	21. I certify that (1) (this hospital) attended the deceased from Ture 1923 to 64
-	saw the deceased alive on 19.61, and that death occurred at 3.4M, from the causes and on the date stated above.
Į,	226 SIGNATURE ATTENDING MED. STAFF 226. DATE SIGNED
ŧ	M.D PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type) Id L. V. L. C. D. C. C. C. D.
	1852 16 - NW WORL 12 DC
	23a. BUR AL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State)
(REMOVAL (Specify) TRANSIT BURIAL 11/11/61 CRYSTAL LAKE CEMETERY GARDNER, MASS.
	24 SUNERAL DIRECTOR'S SIGNATURE ADDRESS ATTENTION 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE
	WARNER E. PUMPHREY, INC. SILVER SPRING. MD. DATE NOV 1 & '61 Cuttury 8, Thurs
	The state of the s



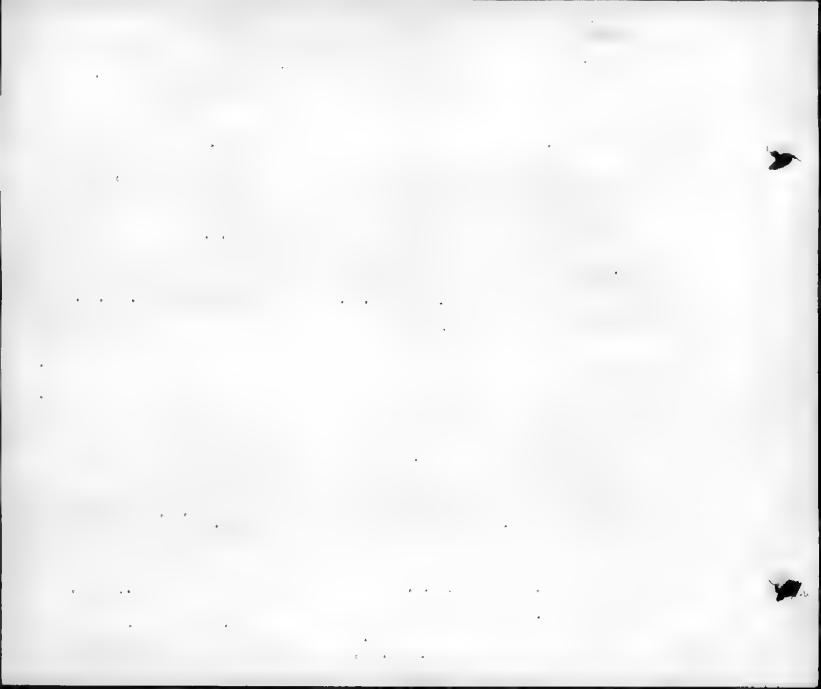
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12902

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

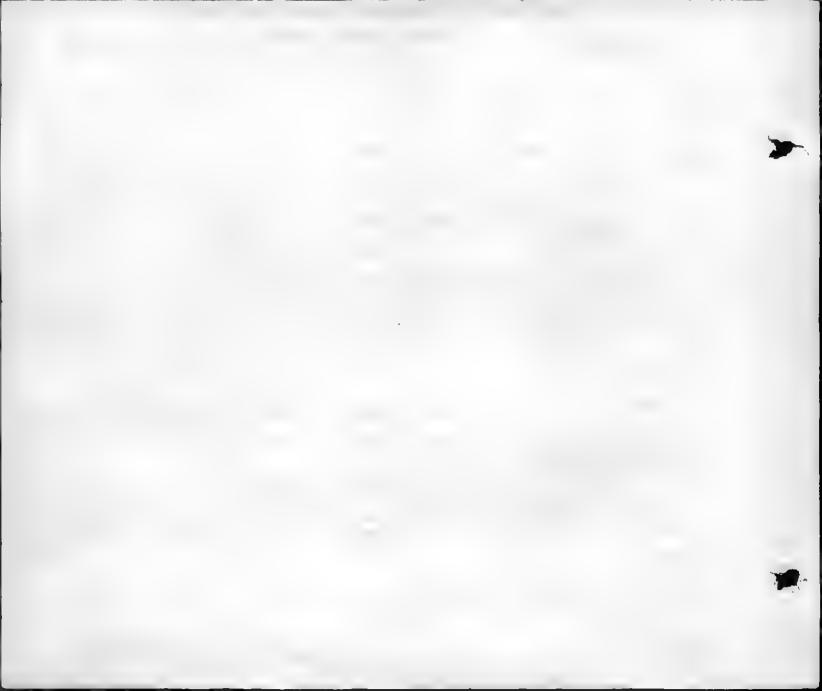
12888

	o. COUNTY Montso	nery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE: "aryland b. COUNTY "."ont.				
H	b. City OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	RURAL and give negrest town)			Chevy Chare	· ·	12		
1	H. NAME OF HOSPITAL (If no	H. NAME OF HOSPITAL (If not in hospital, give street address)				e. IS RESIDENCE ON A FARM?		
	SSS Leland	St.		7223 Lela	and St.	YES NO		
1	. NAME OF	First	Middle	Last	4. DATE Month	Day Year		
		DITH	G	SHITH	DEATH MOVEMBE	r 5, 1931		
1	S. SEX 6. COL	OR OR RACE 7	MARRIED T NEVER MARRIED	B DATE OF BIRTH		Wonths Days Hours Min.		
L	T. 44	WI	DOWED DIVORCED	2/14/1377	84 yrs			
1	00 USUAL OCCUPATION (Give during most of working life,	kind of work done	106 KIND OF BUSINESS OR IND			12. CITIZEN OF WHAT COUNTRY?		
	Housewife	,		Washingt	con, D.C.	USA		
1	3 FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME			
	George W. Bagg			Anna Good	lwin			
	S. WAS DECEASED EVER IN U. S	ARMED FORCEST		INFORMANT	Addres	5		
1		war or dates of service	none	F. C. Smith	3223 Leland S	St. Ch.Ch. I.d		
F	no CAUSE OF DEATH (Fail	er only one rouse	per line for (o), (b), and (c).]			INTERVAL BETWEEN		
	PART I. DEATH WAS		Intrachable hear	rt failure		ONSET AND DEATH		
1	152.8	DUE TO						
	Goodfloor it on which deneralized carcinomatosis							
1	gove rise to immediate (DIF TO							
1	*denocarcinoma of the colon					ll mos.		
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY						
- 1	□	Chronic cardiovascular disease						
	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) INDICE							
	20c. TIME OF INJURY Mont	h, Doy, Year		PLACE OF INJURY (Home, form		(County) (State)		
	20c, TIME OF INJURY Mont Hour o. m.	10						
	21. I certify that (I) (this haspital) attended the deceased from ADRIL 1951, ta Nov. 5, 19. 61 that (I) (we) last							
	saw the deceased dive different to did that death decented different the causes and all the date stated about							
		226 SIGNATURE ALL DIRECTOR STAFF SIGNED ALL DIRECTOR STAFF PHYS SIGNED						
	22c. PHYSICIAN'S							
	NAME (Type) Andrew A. Parchesti, L.D. Gerogetown University Hosp., Wash. 7. D.							
	23a. BURIAL, CREMATION, 23b.	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town, or	county) (Stote)		
	BEMOXAL (Specify)	/8/1961	1 Arlington	National	Ft. Myer. V	Va.		
:	24 FUNERAL DIRECTOR'S SIGNA	TURE	ADDRESS 7/89	h . DC 250. REC		RAR'S SIGNATURE		
	Yoseth Saux	ins sex	1756 Pr.Ave.	DATE N	OV 9 '61 Cm'	thus S. Kriss		

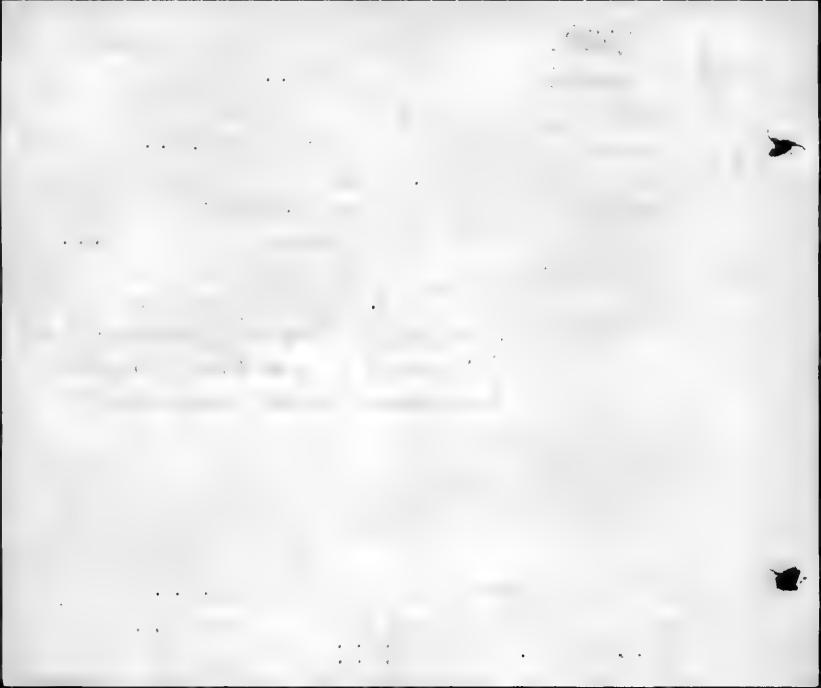


CERTIFICATE OF DEATH Reg. Dist. No.238 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o COUNTY b. COUNTY MARYLAND ON b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURACTION give negrest town d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO D NAME OF 4...DATE Month Day Year DECEASED (Type or print) 23 194 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS 9. AGE [In years 5. SEX as! birthday) Months WIDOWED | DIVORCED | 10a JUSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? during mest of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. SARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** coese (a), stoting the underlying couse fost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO IT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work | p. m. 21. I certify that Lattended the deceased from 194 (that I last saw the deceased alive an and that weath occurred M, from the causes and on the date stated above. **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 220 BURTAL CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Ciby, town, or county) (Slote) REMOVAL (Specify) Mua 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24Ь. REGISTRAR'S SIGNATURE VS A15 (4) Circles S. Kines 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH



22b. DATE SIGNED

(State)

VR A15 (4) 15M 9/59

PLACE OF DEATH o. COUNTY

OR INSTITUTION

NAME OF

(Type or print)

Female

13. FATHER'S NAME

NO or unknown)

lying couse last

20c TIME OF INJURY Month. Haur a.m. p. m. 21. I certify that (1) (this haspital) attended the deceased frame and that death accurred at 1.45M, from the causes and an the date stated above saw the deceased alive an !! densington, Maryland 22a, SIGNATURE ATTENDING DIRECTOR . MD PHYS PHYSICIAN'S 22d. ADDRESS Sam Allen Kensintton, Maryland BURIAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) BURIAL ROCK CREEK CEMETERS WASHINGTON. ADDRESS 25h REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24, EUNERAL DIRECTOR'S SIGNATURE I HAR KED DATE NOV 6



funeral

by the land 2 : death.

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certificate ha

ached for

may be retaine DIRECTOR:

FUNERAL

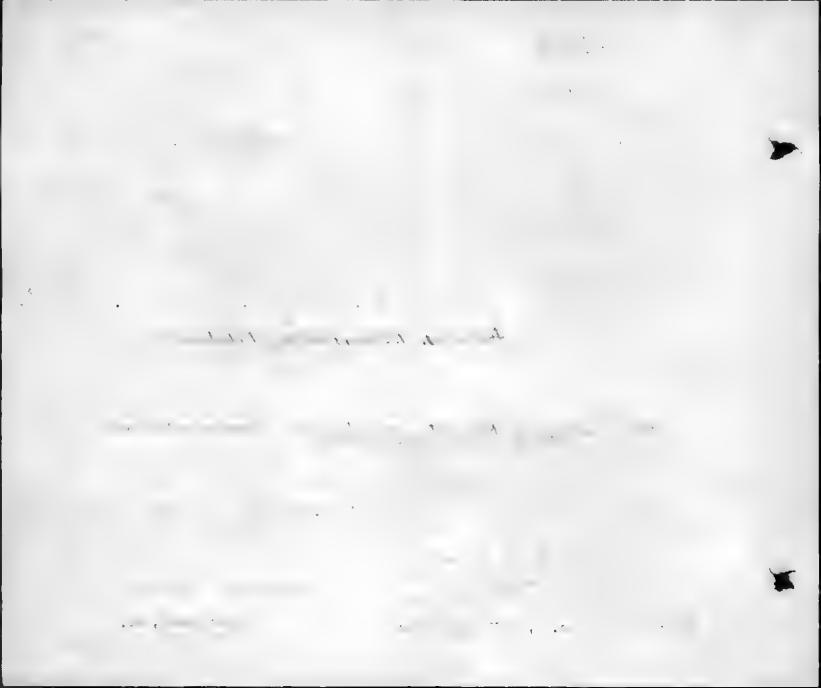
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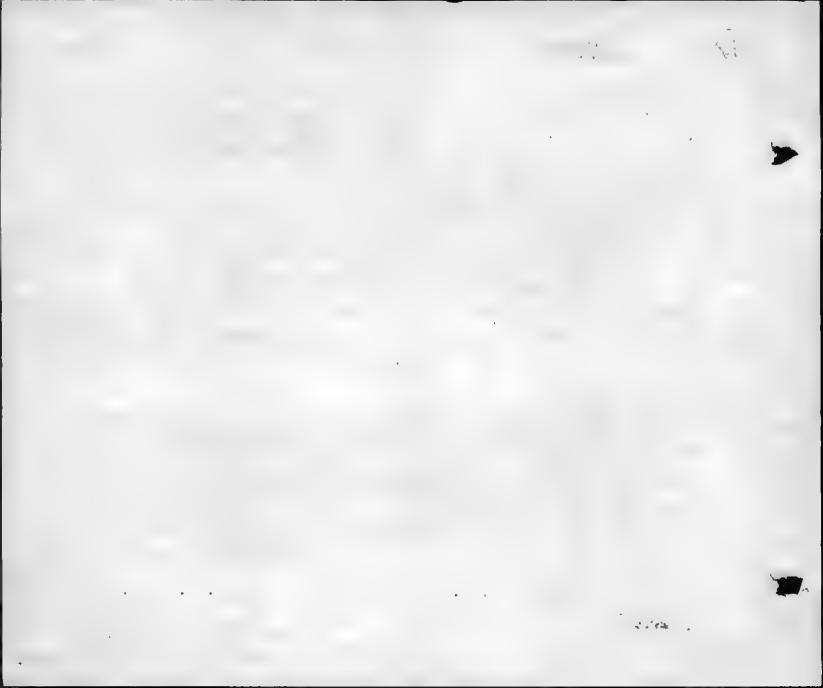
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ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USURL RESIDENCE (Where decresed livad, if institution: Residence bafora admission) 1. PLACE OF DEATH . COUNTY COUNTY MARYLAND write RURAL and deat b. CITY OR TOWN (if outs de corporate limits. e. IS RES DENCE ON A FARM? YES NO 3. NAME OF OF DECEASED DEATH (Typa or print) 19 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE T MARRIED NEVER MARRIED last birthdey) Months WIDOWED Z DIVORCED nding plysicial please remove cand in any event 105 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) FATHER'S NAME MOTHER'S MAIDEN NAME and in 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (Ifyas giva war or dafas of sarvica) 18. CAUSE OF DEATH [Engl] only one cause per line for (a), (b), and (c).] IMMEDIATE DUE TO Conditions, if any, which gava risa to immadiata causa **DUE TO** (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISEASE CO 20b. DESCRIBE HOW IN. URY OCCURED. (Enter nature of your in Part I or Part I, of I'vem 18) 20a, ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXEMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) Not While While Hour e.m. at work at work 21. I certify that (i) (this hospital) effended the deceased from....... saw the deceased alive on...... 22b, DATE 22a SIGNATURE ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, p Jason Gerger. 23d. LOCATION (City, 23a. SURIAL, CREMATION. REMOVAL (Spapfy) 256 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) Orthur S. Flrage. 15 ≥ 9/60



1 - 8	MARYLAND STATE DEPARTMENT OF HEALTH
100	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	129(1) MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12895
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if Institution; Residence before edmission) a. STATE? b. COUNTY b. COUNTY
S S S S	MARYLAND MARYLAND MARYLAND MARYLAND
Fight M	b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate fimits, write RURAL end give nearest town)
a to a to a	Takoma Park I days X Silver Spring
dir dir	dy NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stiple eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM?
Page 3	Vashington Sanitarium + Hispital 10312 Lanston Lane 145 NOST
State	3. NAME OF Annih Day Year DECERSED OF A
a de la la la la la la la la la la la la la	(Type or pini) Viola Jane Steverson DERTH // - //- 19/
作るが表	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS.
and and maj	Female white widowed Divorced 2-11-70 girl Months Days Hours Min.
affer 2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	10m USUAL OCCUPATION (Give kind of work done during most of working He, even if retired) 10m USUAL OCCUPATION (Give kind of work done during most of working He, even if retired)
Pagin 7	Housewife Own home Indiana Imerican
Page (43.	13. EATHER'S NAME
7.25 0 T	Jampe M. Lane Hancy Cooley
E C E E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) ((Ifyesgivawarordatesofservice)
A Hilling	(Yes, no, or unknown) (Hyesgivawarordatesofservice) Washington Sanitorium & Hospital Record
Cute Head	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), ONSET AND DEATH
exe in lin long ansisin	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) NYACARDIAL INFARCTION 3 DAYS
o o o o o o o o o o o o o o o o o o o	(904.0 DUE TO)
in pourle	Conditions, if any, which 1 (b) CONARY OCCLUSION 3 DAYS
rem rem	gave rise to immediate cause (e), staffing the underlying DUE TO
d ag	couse last. (c) TOGC/URE N-F/ 1-10
ightig ms and i	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED?
is conditions and its conditions and its conditions and its conditions are also below the condit	S BRONCHOPNEUMONIA ACUTE YES NO 1
o popular	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neutro of Injury in Pert I or Part II of Item 18.) PRIMARY II or CONTRIBUTING TO CAUSE OF DEATH.
S Sh	(E.I/No.13.4/ 1.1 V.Y. CP T. TV ITVAL LOVY COULD LAND POUR P. L. JA
A Printing	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (Cit) or town) (County) (State)
X. W. W. W. W. P.	3 an 10-31 1961 at work at work of home bleken string monty MW
D to the principal of t	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection . Injury . and in my opinion
CA ded ded entifer	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
he c	CHIEF MEDICAL EXAMINER
MED to the forwar L DIR ated a	SIGNATURE MIND ASSISTANT MEDICAL EXAMINER DATE SIGNED
execution of the policy of the	EXAMINER'S DEPUTY MEDICAL EXAMINER A 1(-/1-C/
DEP TY IN sease execute sease execute for should be for should be for strong	NAME (Type) Address (Street, city, lown, or county) 120. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
base shoul shoul	Lebanon Indiana
5g45g	23. FUNERAL DIRECTOR ADDRESS 24s. REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME	F Gasch's Sons Hyattsville Md. DATE NOV 1 4'61 Ciding & Kname
5M 9/60	DATE MUV L'7 UT CONTAIN & THANK

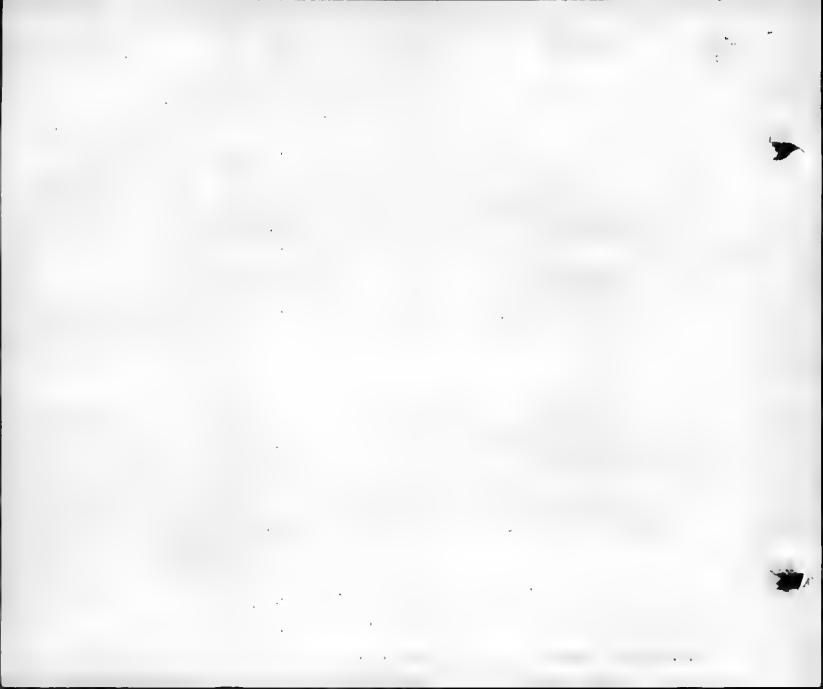


OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 Plim GOO 11 1 1/9/61
1 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY e. STATE b. COUNTY and 2 : Montgomery Virginia MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) by an write RURAL and give nearest town! Falls Church Bethesda (Rural 25 days Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO NO 1313 Stonevbrae Drive Naval Hospital NAME OF Middle Stockebrand 4. DATE OF DECEASED (Type or print) /Strobkbrand DEATH 19 61 John William November and cor IF UNDER 24 HRS. 8. DATE OF SIRTH 9. AGE (In years) IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED last birthday) Months Caucasian whowen July 2 Male remove 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even I retired II.3A School Teacher Kansas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME guip ă William H. Stockbygood Augusta Bayer Stockebrand 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yas, no. or unknown) | (If yes give war or dates of service) SON: Archie P. Stockbrand, same as 515-09-1296 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ò ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gava rise to immadiata causa DUE TO (e), stating the undertying PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. PERFORMED? NO 20a ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED [Enter nature of injury in Part I or Part II of itam 18.) CERT (County) 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stata) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., atc.) Not While While at work al work may be retain DIRECTOR: 21 1 certify that A (this hospital) attended the deceased from October 10, 1961, to November 3, 1961, that (1) (we) last saw the deceased alive on November shoul 22b, DATE 22n. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. November PHYS. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) U. S. Naval Hospital, Bethesda, Md. H. S. IRONS LT MC USN 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 234 DATE THEREOF REMOVAL (Specify) 0 Municipal Cemetery Yates Center, Kansas MUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 41 Orthur & Kraus 15M 7 61 PUMPHREY, Bethesda, Maeyland

RYLAND STATE DEPARTMENT OF HEALTH



XV



DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY e. STATE MONT G-D ME KY
b CITY OR TOWN (I outs de corporate lim ts, MARYLAND LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) WHEATON. .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RES DENCE ON A FARM? YES NO NAME OF DATE DECEASED OF DEATH СОПР 19 6/ 6. COLOR OR AGE (In yeers , IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF 7. MARRIED TI NEVER MARRIED last birthday) Months Hours or fore gir country) WIDOWED 7 DIVORCED [physician 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if ratirad) Housewife Own Home Unity Maine U.S.A. 13. FATHER'S NAME 25.0 attending Pe EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Tren 700 Sligo Avenue (Yas, no, or unknown) [(Ifyasgivawarordatesofservice) Mrs. Nancy Canning Silver Spring, Md. the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: EREBRO-VASCULAR IMMEDIATE CAUSE (a) (6) GENERALIZED ARTERIOSCLEROSIS Conditions, & any, gave risa to immadiata cause (a), slating the undarlying PART II. OTHER SIGNIE CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIGHT 19. WAS AUTOPSY certificate PERFORMED? S NO V 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part & or Part 11 of stam 18.) 20d, INJURY OCCURRED . 20a PLACE OF INJURY (Homa, farm,) 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., alc.) While Not While et work | et work 21 I certify that (I) (this hospital) attended the deceased from. NOV 2 19.60 to... ..., and that death occurred at.M, from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE SIGNED ATTENDING MED DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 23d. LOCATION (City, lown or county) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 Burial-Transit Forest Lawn Memorial Park Glendale, Los Angeles, Calif. 25. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 8434 Georgia Avenue VR A15 (4) Pumphrey, Inc. Silver Spring, Md. conting S. France 1SM 9/60 DATE NOV



CERTIFICATE OF DEATH Reg. Dist. No.22391 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) 1. PLACE OF DEATH a. COUNTY & b. COUNTY MARYLAND b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 15 CITY OR TOWN (LEauthde carparate limits, write RURAL and give nearest tawn) å RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in haspital, give street address) STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO 3 NAME OF 4. DATE Middle Manth Day Year DECEASED DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years **SEX** los birthday) Months Days Hours WIDOWED I DIVORCED | papers. 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) death during mass of prising life, even if retired pan 14. MOTHER'S MAIDEN NAME 13, FATHER'S NAME 5 physician move Address S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMANT attending please 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO permit. Canditions, if any, which has been signed gave rise to immediate **DUE TO** cause (a), stating the underand lying cause fast. **burial-tronsit** PART II. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY ¥. PERFORMED? removal YES NO P 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH cert, ficate IF EITHER, NOTIFY MEDICAL EXAMINERS 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark pm. 21. I certify that I attended the deceased fram ... 19.....that I last saw the deceased detached burial and that death accurred at 235 P "M, fram the causes and an the date stated abave. JRECTOR: Juid be detach ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 3 should PHYSICIAN'S 10620 Georgia Ave. Silver Spring, Md. NAME (Type) 22d. LOCATION [City, tawn, ar county] 22b. DATE THEREOF ZZg. BURIAL, CR. WARREN, 22c. NAME OF CEMETERY ORXCRESIONS page Mount Olivet Cemetery Washington, D. ADDRESS 655 Georgia 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE DATENOY 2 1 '61 cother S. Flours CHAMBERS CO. VS A15 (4) Ave., S.S., Md. 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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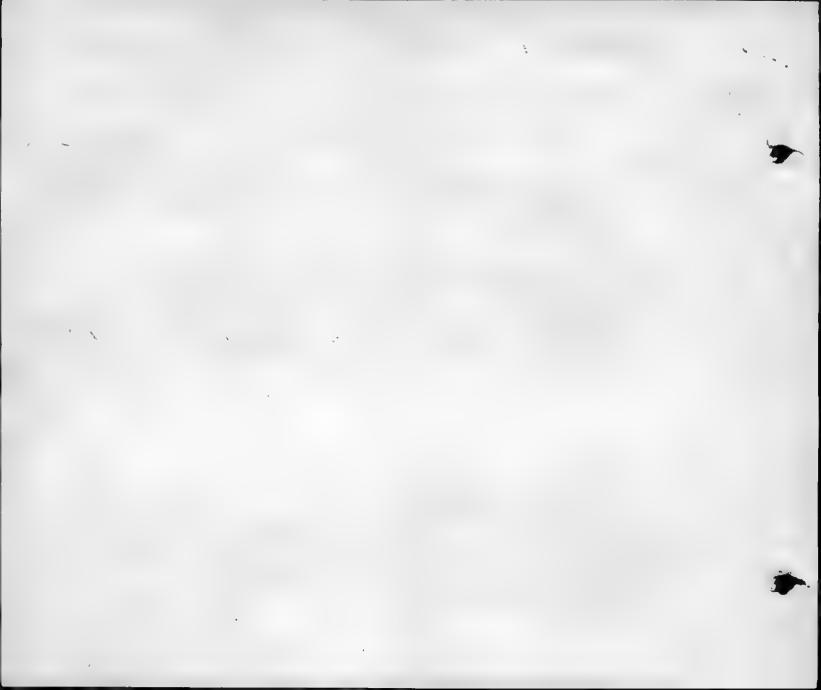
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STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission e. COUNTY b. CITY OR TOWN of outside corporete lante, MARYLAND C. LENGTH OF STAY IN 16 director. Bothes da NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddross) e. IS RESIDENCE ON A FARM? SUBUY State 1 DECEASED He ihe (Type or print) DEATH 6. COLOR OR RACE AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED [last birthdey) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) TATHER'S, NAME DECEASED EVER IN J.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give wer or detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) geve rise to immediate cause DUE TO (e), stelling the underlying CERTIFICATION PERFORMED YES Z NO should 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING 20d. INJURY OCCURRED 203 PLACE OF INJURY (Home, folm, 20f. (City or lown)

While Not While et work et work CAUSE OF DEATH. (County) While Not While et work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Suicide death resulted from: Natural causes Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED please execute 1 4 should be for SIGNATURE -DEPUTY MEDICAL EXAMINER SChark Address (Street, city, town, or county) DEP 226. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Cedar Hill Crematory | Suitland, Maryland 23. FUNERAL DIRECTOR VS. A15ME Bethesda, Maryland MOWO 7.61 arilus S. Kraus Robert A. Pumphrey,



DIVISION, OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH bluods I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edigission) e. COUNTY Washington **b.** COUNTY Montgomery by the and 2 death. MARYLAND b, CITY OR TOWN (if outs de corporete imits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete I mits, write RURAL and give necrest town) write RURAL end give neerest town) after (Bethesda 105 days Yakima .== Pages filled i d. NAME OF HOSPITAL OR INSTITUTION ('Finot in hospital, give street eddress) d. STREET ADDRESS The Clinical Center, Bethesda 14, Md. 106 North Fifth Avenue 3. NAME OF 4. DATE DECEASED comple (Type or print) DEATH Juanita Beth Thomoson November 6. COLOR OR RACE B. DATE OF BRTH 9. AGE (In years | IF UNDER 1 YEAR . 7. MARRIED T NEVER MARRIED and last birthday) Months Female White WIDOWED [DIVORCED [March 9, 1914 physician 10e. USUAL OCCUPATION (Give kind of work гетоме 10b. K ND OF BUS NESS OR INDUSTRY 11. B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working fife, even if retired) Teacher Education Montana 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Annetta Vaupel Elias Ruegamer 16 SOCIAL SECURTY NO. 17 INFORMANTThe Medical Records 15. WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgivewerordelesofservice) The Clinical Center, Bethesda lh, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: Adrenocortical Carcinoma IMMEDIATE CAUSE (e) has been signed he burial-transit DUE TO Conditions, if eny, which gave rise to immediate cause DUF TO (e), stating the underlying the burial P certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY S 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert (or Pert II of item 18.) R. After this detached for 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While et work at work DIRECTOR: to November 27 19.61, that (1) (we) lest 21. I certify that xi) (this hospital) attended the deceased from August 14. saw the deceased alive on November 27, 1961 ... and that death occured 12 :05AM rom the causes and on the date stated above. 22e. SIGNATUR ATTENDING November 27, PHYS. DIRECTOR M.D. PHYS FUNEAUL 22c. PHYSICIAN'S 22 The Clinical Center, National Institutes NAME (Type) Marvin A. Kirshner filed v of Health, Bethesda 14, Maryland 230. BURIAL GREMATION | 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 = 2 Billings, Montana removal 250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE arthur S. Hims

S.H. Hines Co., 2901 14th St.N.W.

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RES DENCE ON A FARM?

YES NO Y

19 61

IF UNDER 24 HRS.

Hours | Min.

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

lt years

PERFORMED?

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22b. DATE

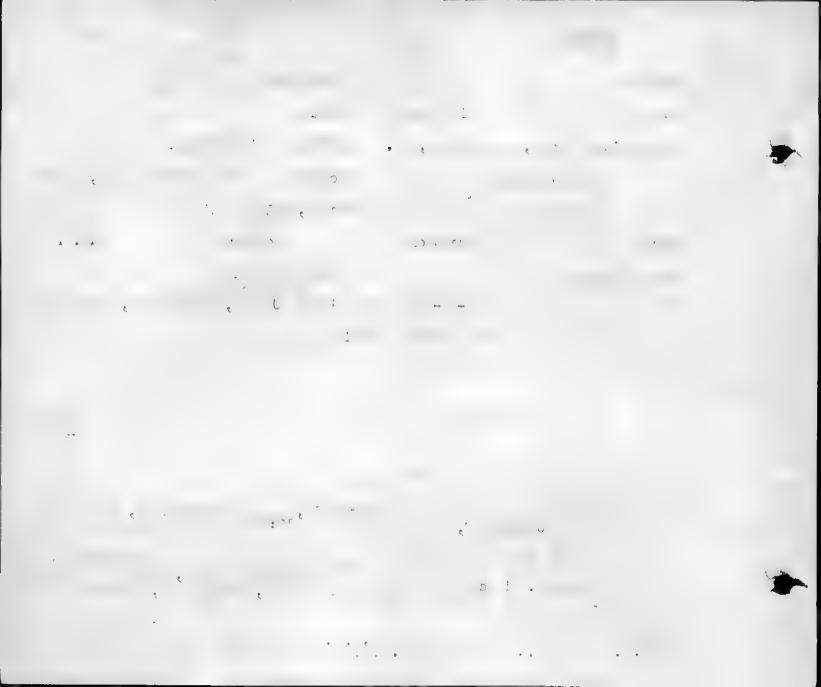
(State)

YES TO

(County)

Days

VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

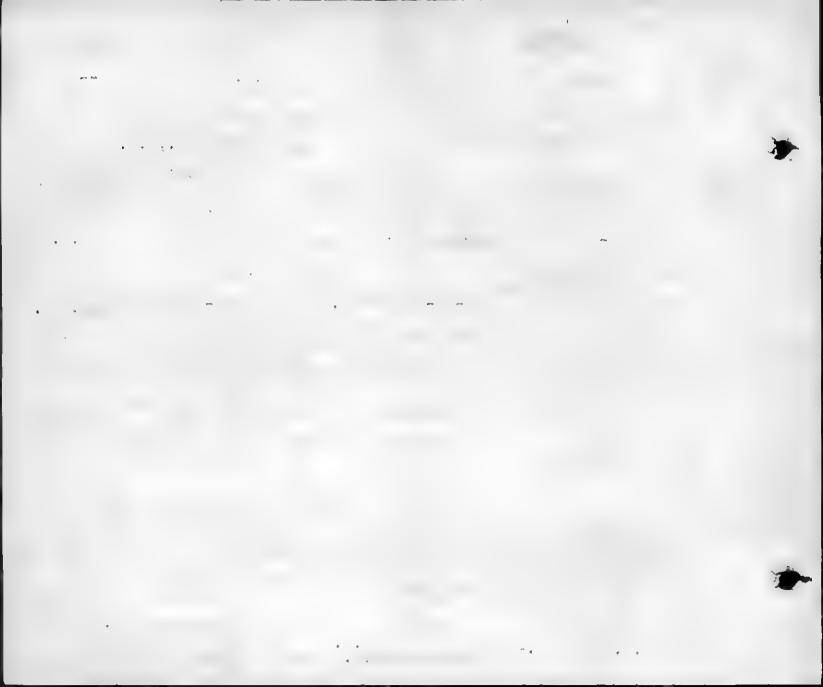
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12916	CERTIFICATE OF DEATH	12902
1. PLACE OF DEATH	2. USUAL RESIDENC	CE (Where dacassed .ivad, If institution; Ras dance before admission)
a. COUNTY Montgomery	MARYLAND a. STATE	D.C. S. COUNTY
b. CITY OR TOWN (if outside corporate I m is, write RURAL and give nearest lown) Silver Spring		f outs'de corporate I m'ts, wr'te RURAL and give nearest town)
d NAME OF HOSPITAL OR INSTITUTION IN ANOTHER TO WHOSE TON NUTSING HO	d. STREET ADDRESS U.C. 1665	Harvard St., N.W. VES NO L
3. NAME OF DECEASED (Type or print) Charles	Middla Last Trazzare	4. DATE Month Day Year OF DEATH NOV 16 196/
The service of the se	ED NEVER MARRIED 8. DATE OF BRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
male white work	= 9/9/7.940	St birthday) Months Days Hours Min.
done during most of working life, even if retired)	iropractor Maryland	19 & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN	
Thomas Trazzare	Sarah Se	ars.
	SOCIAL SECURITY NO. 17. INFORMANT	Ad drass
(Yes, no, or unkown) (Ifyes give wer or detes of service)		11006 Colin Road
18. CAUSE OF DEATH [Enter only one cause per	79-38-5425 Mrs. Ruth 1	Wright Silver Spring Md.,
		ive factore conser and death
DUE TO	,	
Conditions, if any, which (b)	arterio selevotie	HER WILLEBAO EJECKY
gave rise to immediate cause (a), stating the underlying DUE TO		•
causa last.		
PART II, OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE COND. TION GIVEN IN PART 1(b) 19, WAS AUTOPSY PERFORMED?
205 ACCIDENT WAS UNDERLYING [] 205. DE	SCRIBE HOW NJURY OCCURED. (Enter nature of injury in I	Part Lor Part II of Ham 18.
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HO W , MIDK! OCCURED, (Elifa hadda of infuly in I	ratify for it or trem ig.)
101	NJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm factory, streat, office bldg., atc.	n, ' 20f, [City or town] [County) (State)
Hour s.m. Whi	10 1101 111110	
21. I certify that (i) (this hospital) atter	nded the deceased from D-/>V	1959, to NOV 16, 1961., that (1) (w) last
saw the deceased alive on Nov	5 196/ and that death occured at 4	AM, from the causes and on the date stated above.
226. SIGNATURE	ATTENDING A	MED. STAFF 22b. DATE SIGNED
Till P. Complett	M.D. PHYS.	DIRECTOR PHYS. 11/16/61
22c. PHYSICIAN'S NAME (Type) NEIL TO	auphell 300	10-16 Q St
238. BUR AL, CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (State)
Burial 11/18/61	Congressional Cemeter	y Washington D.C.
24 FUNERAL DIRECTOR'S SIGNATURE	_ ADDRESS	C'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
The S.H. Hines Co 290	ol With St., N. W. DANEOV	17'61 Clather S. Hans
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TO HOS' I. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executer within 24 hours after death. Face 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, mage 3 shauld be detached for use ms the burial-terms; figure measuremove carbon papers. Pages 1 and 2 should be director, may be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather. VR A15 (4) 15M 9/60

N. No.



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Alabama. Montgomery MARYLAND b. CITY OR TOWN ('f outs de corporete limits. c. CITY OR TOWN (If outside corporele limits, write RURAL end give neerest town) and c. LENGTH OF STAY IN 1b. write RURAL and give nearest town) þ 6 days Huntsville. Rethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS The Clinical Center, Bethesda 14. Md. 2315 Meridan Street 3. NAME OF 4. DATE DECEASED (Type or print) DEATH November Reba Treece and cor 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF B.RTH AGE (In years IF UNDER 1 YEAR) last birthdey) Months White 24 June 1928 Female WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUS NESS OR INDUSTRY 11. BRTHPLACE (County & Stele, or fore gn country) 0V8 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Alabama None (Housewife) None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Doss Ginney Yancy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record. The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY: Meningitis IMMEDIATE CAUSE (6) burial-transit DUE TO Disseminated Blastomycosis been Conditions, if env. which geve rise to immediate cause **DUE TO** (e), stoting the underlying has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate 150 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURED. (Enter neture of insury in Pert I or Pert II of item 18.) à (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) factory, street, office bldg., etc.] Not White While Hour e.m et work et work 21. I certify that (12 (this hospital) attended the deceased from NOV. . . 16...... 19.61 to Nov. 22 1961, that (1) (we) last saw the deceased alive on Nov. 22 1961, and that death occurred at 30:30, AoM the causes and on the date stated above. 22e. SIGNATURE ATTENDING PHYS, DIRECTOR PHYS. X M.D. 22c. PHYSICIAN'S 22d. ADDRESS The Clinical Center, National NAME (Type) John Bennett FUNE Institutes of Health, Bethesda 14, Md. ector, I 23d. LOCATION (City, fown or county) 23e. BUR AL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burlal-transit Greens Chapel Cem. Scottsboro, Alabama

ADDRESS

Bethesda. Md.

a. IS RESIDENCE ON A FARM?

YES NO K

19 61

IF UNDER 24 HRS

INTERVAL BETWEEN ONSET AND DEATH

Week

Months

(County)

250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

DATE NOV 3 0 '61

PERFORMED?

(Stete)

22b. DATE

11-22-6

(Stele)

SIGNED

YES X NO T

U.S.A.

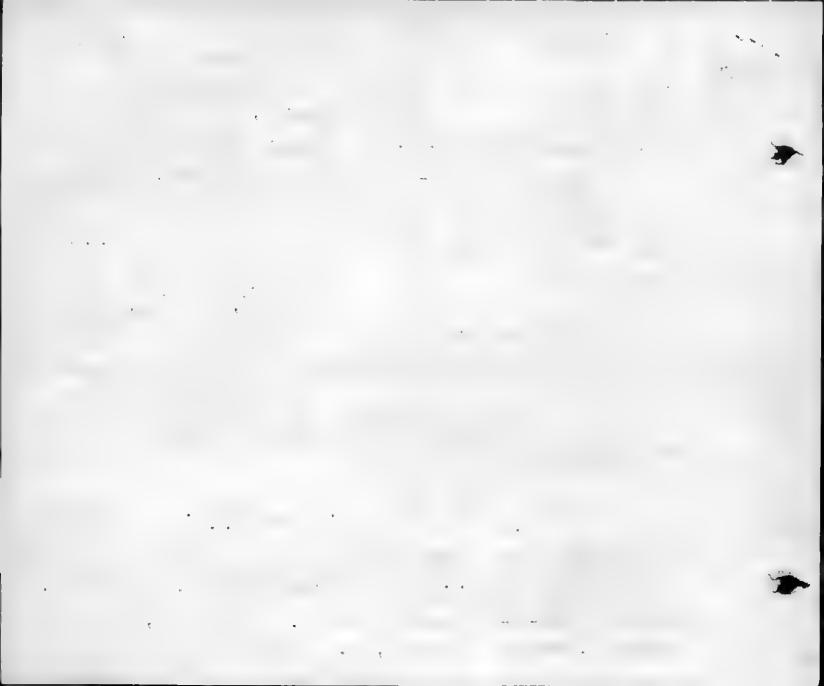
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VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

ROBERT A. PUMPHREY



_ 1	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	THE.		19918 CERTIFICATE OF DEATH 1290.
d completely filled in by the funera- bon papers. Pages 1/aud 2 should within 72 hours after death.		,	PLACE OF DEATH a. COUNTY Montgomery Montgomery Montgomery Mareyland b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) Bethesda (Rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) U. S. NAVAL HOSPITAL NAME OF DECEASED (Type or print) LOUISE HELEN VEAZEY 2. USUAL RESIDENCE (Where deceased fived, if institution, Res dence before edmiss or a. STAFE C. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) STAFFORD (Rural) d. STREET ADDRESS T #1 BOX 285 Last November 15 19 61
physician and conservation carbon any event, within		10e do	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOVEMBER 18. DATE OF BIRTH Female Caucasian Widowed Divorced November 18, 1928 32. USUAL OCCUPATION [Give kind of work of working most of working most of working most of working life, even if retired) FATHER'S NAME 14. MOTHER'S MAIDEN NAME
itending physician. s been signed by the attending purial-transit permit. Then pleas it, etemation, or removal, and in			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HUSBAND: Lynnj. Veazey, Same as 1/2 IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] PART I DEATH WAS CAUSED BY. DUE TO Conditions, if eny, which geve rise to immediate cause (e), steining line underlying DUE TO DUE TO EDDAY LANGLINAIS Address Address HUSBAND: Lynnj. Veazey, Same as 1/2 INTÉRVAL BETWEEN ONSET AND DEATH ONSET AND DEATH Geve rise to immediate cause (e), steining line underlying DUE TO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in P or of the property of the proper			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(s): 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Yeer 200. INJURY OCCURED While Not While at work el work el work to
A Sector, page 1917. ISW 2/61	~	23:	NAME (TYPE M. SHEPARD LIT MC USN BURIAL CREMATION, 236 DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) ABBLIVILLE ADDRESS AD

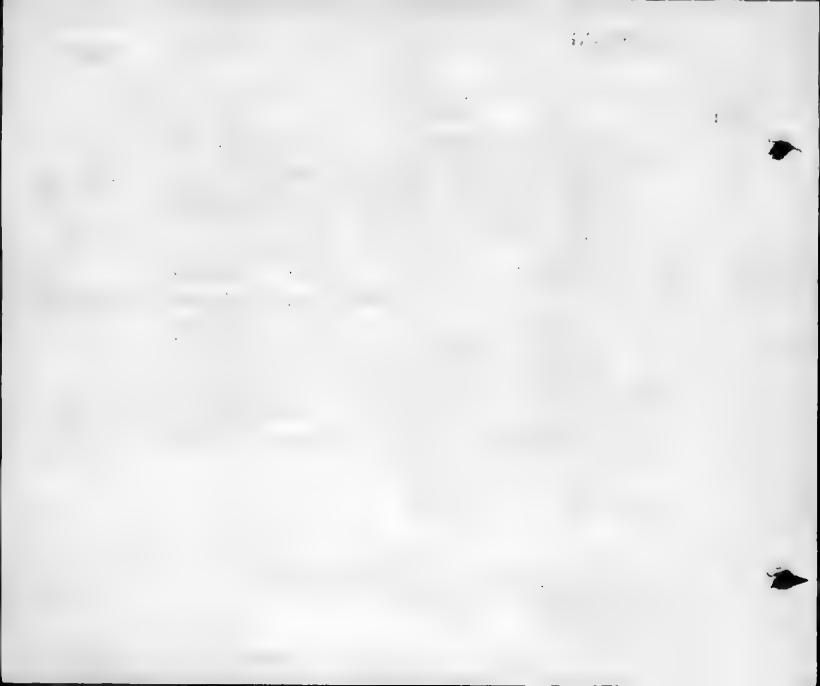
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, DALTIMORE 1, MARYLAND 2. USUAL RESIDENCE Where deceased lived. Il institutions Residence before admission) 1. PLACE OF DEATH a. COUNTY necessary, ector, Page rector. Pas refiles. 10 ntgomer MARYLAND b. CITY OR TOWN (il obtyda corporata lim't c. CITY OR TOWN (It outside corporate limits, write RURAL and give necess town) LENGTH OF STAY IN 16 write RURAL and give pearest town) oma d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? retained he State B mmis YES NO death. 3. NAME OF. DATE Month DECEASED OF the (Type or print) DEATH may be with th 2, and 3 to 6. COLOR, OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months WIDOWED Page 5 r 10a. USUAL OCCUPATION (Give kind of work done during most of working Mid, avan if ratirad) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or loreign country) 12.-CUIZEN OF WHAT COUNTRY? suse wite Pages pages 1 within form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in Item 18. Give it. File 1 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17/ INFOR permit. (Yes, no. or unkown) (Ifyasgivawarordatesolservice) Office along with for buriel-transit permit. 18. CAUSE OF DEATH [Enter only one cause per I na for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) in pencil certificate should be removal **DUE TO** Conditions, if any, which "pending" gava rise to immediate cause S O DUE TO SE (a), stating the undarlying Examiner 6 cremation, or causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19, WAS AUTOPSY CERTIFICATION PERFORMED? ease exeture the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be r its designated agent, prior to burial, cremat NO 20b. DESCR.BE HOW INJURY OCCURED. Karlar natura of injury in Part I of Part II of Isem 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town, (County) (State) Not While factory, street, office bldg., etc.) WEDI While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry | X and in my opinion death resulted from-Natural causes M Accident I Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** -05C/12LX Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22d. LOCATION (City, town, or country) REMOVAL (Specify) E40 P River Viano Cemelery INTRYIVES DOISO, REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 Collun S. Thomas

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FUNERAL

page 3 st the State 1SM 9759

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City fown, or county) Rockville

(State)

(County)

e. IS RESIDENCE

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

(Stote)

22b, DATE

SIGNED

PERFORMED? YES NON

ON A FARM?

YES NO

19 601

24, FUNERAL DIRECTOR'S SIGNATURE

Cromwell

Stephen C.

230 BURIAL CREMATION, 236 DATE THEREOF

Robert A. Pumphrey.

REMOVAL (Specify)

250 REC'D BY REGISTRAR Bethesda, Maryland DATENOV 8

256 REGISTRAR'S SIGNATURE

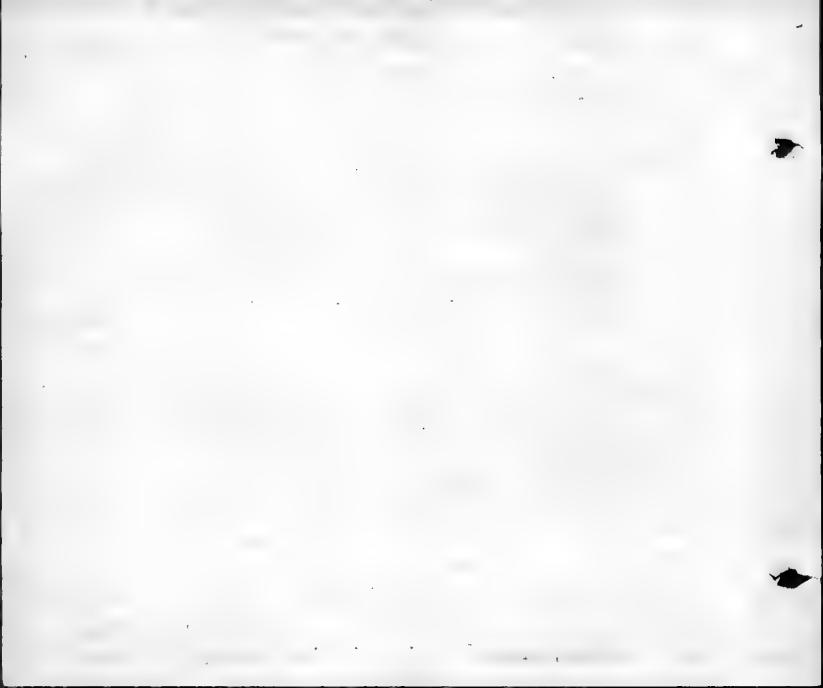


ARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) PLACE OF DEATH COUNTY b. COUNTY by the fand 2 s death. b. CITY OR TOWN if outside corporate 1 mits, MARYLAND e. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ģ filled in t Esda d. NAME OF HOSPITAL OR INSTITUTION of not an hospita, a ve streat address) ON A FARM 3. NAME OF complet OF DEATH DECEASED (Type or print) carbon 5. SEX AGE (In years | IF UNDER 1 YEAR 7. MARRIED last buthday) and WIDOWED 10a, USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if relired) LIFORNIA HOMEMAKE 13. FATHER S NAME Sister 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN l'obstruction du le post. op. addisson ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER S.GN FICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(8), 19. WAS AUTOPSY PERFORMED? -hich 10/17/61 - hich nailed NO TO. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part I or Part II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f (City or town) 20c. TIME OF INJURY Month, Day, Yaar (County) (State) factory, street, office bldg., atc.) While Not While Hour am at work at work DIRECTOR: , to // /4/4/4/....... 19, that (I) (we) last 22b. DATE 22a. SIGNATURE SIGNED STAFF PHYS. 22c. PHYSICIAN'S Westmoreland Hills death. To FUNERA director, page be filed with J. Blaine Harrell 52/3 Falmouth RN. 238. BURIAL, CREMATION, | 236. DATE THEREOF LOCATION (City, town or county) REMOVAL (Specify) 25m. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)



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physician



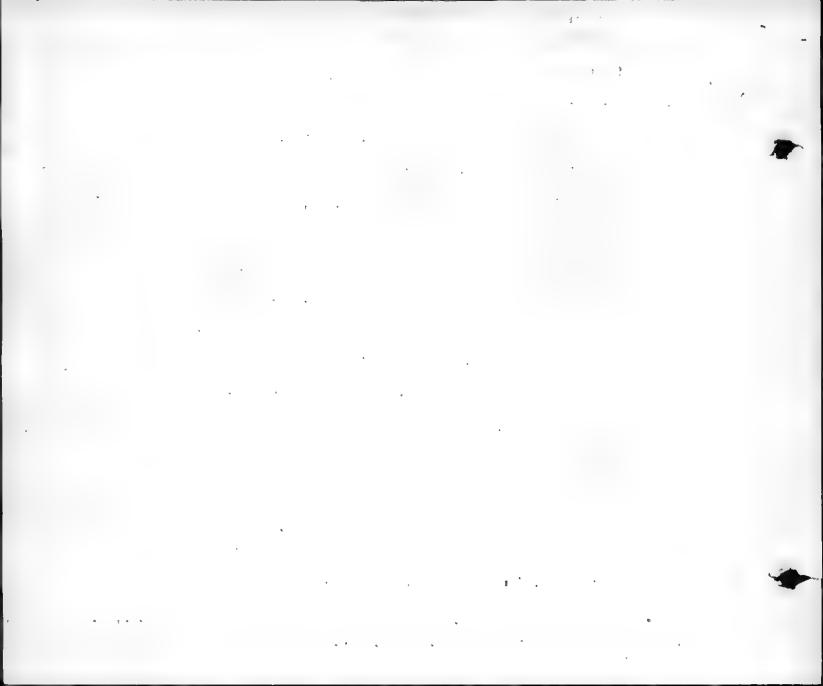
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item CERTIFICATE OF DEATH 1WK

Reg. Dist. N2310

1. PLACE OF DEATH O. COUNTY MONTGOMETY MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. STATE b. COUNTY Montgomery		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). Rural-Silver Spring	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Bell Pre Rest Home	d. street address on a Farm? yes \sum no \sum output for the street of the street		
3 NAME OF DECEASED (Type or print) Charles A. Whitney	4. DATE Month Day Year OF DEATH November 22, 1961		
5 SEX Male 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED X DIVORCED	B. DATE OF BIRTH Aug. 24,1879 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months		
10a USJAL OCCUPATION (Give kind of work done tob. KIND OF BUSINESS OR INDUString most of working life, even if retired) Retired—Engineer	STRY 11. BIRTHPLACE (State or foreign country) Kansas US		
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Thomas Whitney	Mary Jane Strauss		
(Yes, no, or unknown) (If yes, give wor or dates of service)	s Mary W. Kavanagh-Item# 2		
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) DUE TO Conditions, if ony, which gave rise to Immediate cause (a), stating the under- lying cause lost.	Infantin de cerebral Darfantin ONSET AND DEATH ONSET AND DEATH Incombon of Such Heron School Stevenson Intervent Such for the		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Carcinoma of	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1		
OR CONTRIBUTING CAUSE OF DEATH ULF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part (I of item 18)		
	ACE OF INJURY (Home, form, 20f (City or town) (County) (State)		
alive on 1/22/, 19//, and that death	accurred at 640A M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED AND MAD A		
220. BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OF CREMATION 11/22/61 Ft. Lincoln	R CREMATORY 22d LOCATION (City, lown, or county) (State) Prince George Co., Md.		
23 FUNERAL DIRECTOR'S SIGNATURE ral Home-1331 E. Montg.	Ave. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 6 43 (143 7)

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1)	1. PLACE OF DEATH	4.		2. USUAL RESIDENCE (W	here deceased lived. If institution: Resid	ence before odmission)		
ン	1/10	ntgomery	MARYLAND	Ind.		on/gomery		
	RURAL and give n		te c. LENGTH OF STAY IN 16	2 CHY OK IOWN III	outside corporale limits, write RURAL on			
	d, NAME OF HOSPI	TAL (If not in hospital, give st	reet address)	d. STREET ADDRESS	spring :	. IS RESIDENCE		
4	OR INSTITUTION	26 an Hos	Spital	13118 2	ites Lane	YES NO 2		
	3. NAME OF DECEASED First Middle Last . 4. DATE Month Day Y							
	(Type or print)	Kick	rand	Williams	DEATH	8 196/		
	5. SEX	0 1.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	lost birthsloy) Months	ER TYEAR IF UNDER 24 HRS Days Hours Min.		
10a USUAL OCCUPATION (GIVE kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHA								
	during most of wor	king life, even if retired)	Reskrices	Physical	1	7181		
	13. FATHER'S NAME	emer.	KELLANDIR.	14. MOTHER SALAIDEN	NAME			
T	Unknown			_	Unknown			
1)	15. WAS DECEASED EVI	ER IN U.S. ARMED FORCES? Iff yes, give war or dates of service;	16. SOCIAL SECURITY NO 17	INFORMANT SOT -	4715 Arbutts" Av			
	No		52612.8933	Dennis &	Williams	Mary land		
		ATH [Enter only one couse p ATH WAS CAUSED BY:	per line for (o), (b), and (c).]	10 1	1.0	ONSET AND DEATH		
	1110	IMMEDIATE CAUSE (o)	Conjusti	e delaw	Karewe_			
	Conditions, it ony, which) to Rheumatic Mostreelotts most tol years							
	gove rise to immediate					- garag		
	lying couse last. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
2.	TA ACCIDENT W		December How with the order	pen to a large fatigate	Bast I as Bast II of Jam 19 1	YES NO		
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of item 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	20c. TIME OF INJU			PLACE OF INJURY (Home, for factory, street, office bldg, et	m, 20f. (City or town)	(County) (State)		
	Hour o.m.		/hile Not while			/		
	21 L certify the	at (I) (this hospital) at	tended the deceased fran	11-42.19	25 V W.,	that (I) (we) last		
	saw the deceased alive an 11 - 19 , and that death accurred at M, from the causes and an the date stated above							
	ATTENDING MED SMEET NOV. 8, 1961 NOV. 8, 1961 NOV. 8, 1961 NOV. 8							
1	22c PHYSIGIAN'S 22P APORESS							
	Lake Ly CKAZI - AKIN'DI SOPOLLOGU LIOS PUTO BENZESTO LA							
	23a SURIAL, CREMATION REMOVAL (Specify)	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town, or count			
1	Burlal ~	11-10-61	Parklawn	25- 850	Rockville, Ma			
1/1	ROBERT	"A. PUMPHRE	Y Bethesda	, Md.		1. France		

DHOSPITE OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 to 1s after death. Page 4 may be seed by the haspital or attending physician.

Defuneral Energies of the haspital or certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPIT may be re TO FUNERAL E VR A15 (4) 15M 9/59

s after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 19



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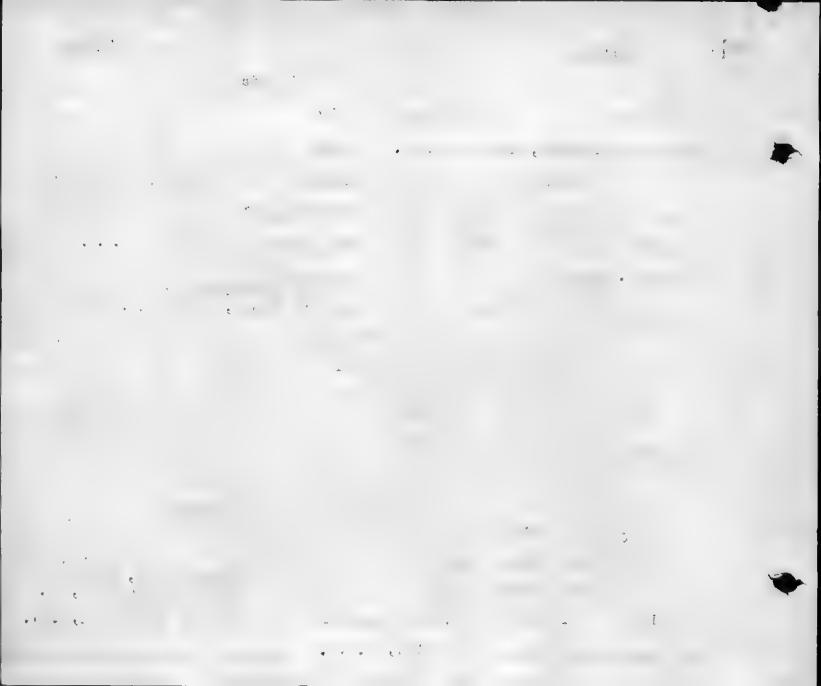
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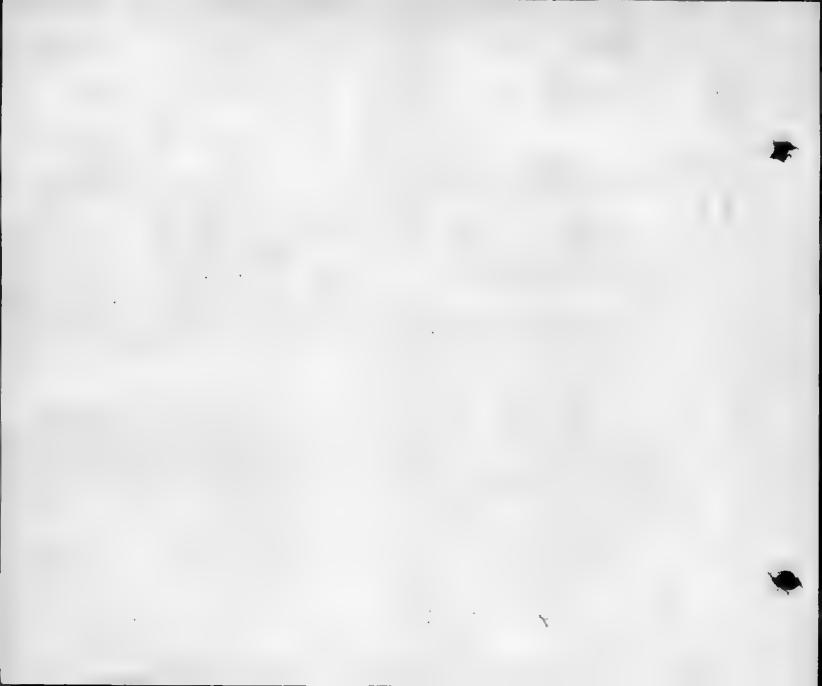
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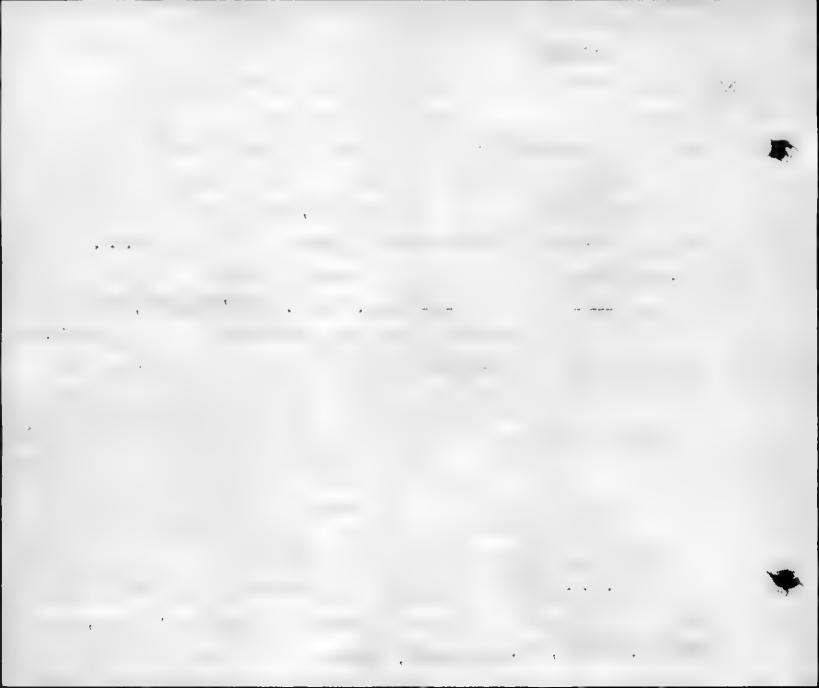
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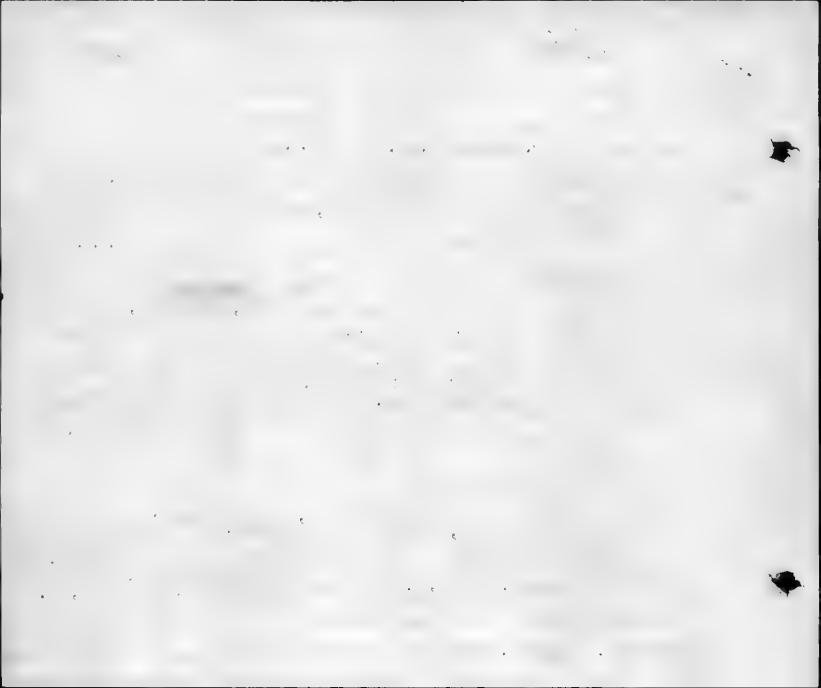


RYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before edm ssion) 1. PLACE OF DEATH a. COUNTY m. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside proporate limits, write RURAL and give negrest town) E LENGTH OF STAY IN 15 c. C.TY OR TOWN (If outside comparate limits, write RURAL end give neares town) a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospitel, eat address) Boar Ö ON A FARM? YES NO Z NAME OF Middle OF DECEASED DEATH 19 (1 AGE (In years) IF UNDER I YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED 50 DIVORCED [10e. USUAL OCCUPATION [Giva kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY dona during most-of-working life, even if refired) MATHER S NAME 14. MOTHER'S MAIDEN NAM 55. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) [[fiyes giva wer or delas of service) 1B. CAUSE OF DEATH [Enter only one cause per one for (a), (b), end (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: promerro develope IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the undarlying causa last. PART II. OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO V 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20a, EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief / age 3 s to buria 20c. TIME OF INJURY Month, Day, Year , 20d, INJURY OCCURRED , 20e, PLACE OF INJURY (Home, ferm, , 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work g O. 19 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry M and in my opinion 0 death resulted from: Natural causes Accident Suicide Homicide Undetermined manner DIREC CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER Ehould be for SIGNATURE DEPUTY MEDICAL EXAMINER CA ease ex Address (Street, city, town, or county) DEPL NAME OF CEMETERS OR CREMATORY (State) REMOVAL [Specify] 240 g 24b. REGISTRAR'S SIGNATURE VS. A15ME POATE NOV 2 0 '61 Chiller & Kings



MARYLAND STATE DEPARTMENT OF HEALTH





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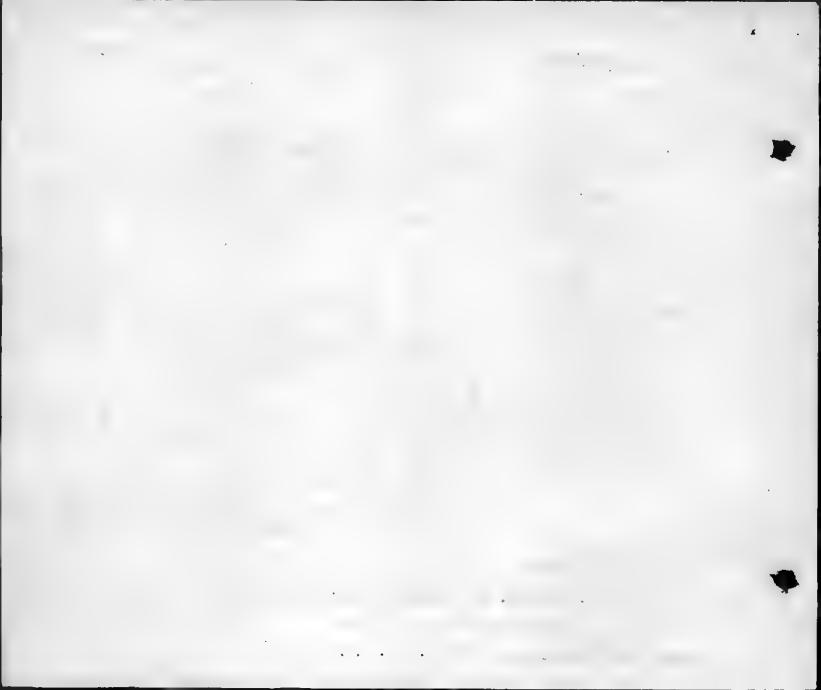
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MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution; Residence before edmission) a. COUNTY a. STATE by the and 2 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Marvland Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 à Bethesda Pages 1 Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 8103 Kentbury YES NO TH completel 3. NAME OF Middle 4. DATE Day Year 72 DECEASED OF (Type or print) KENNA Z OGRAFOVA DEATH D. 19 61 Nov. carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX last birthday) and Hours Female WIDOWED SE DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? **Femove** 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) done during most of working life, even if retired) Yugoslavia Housewife USA-Nat 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pie Paraskeva (Unknown) Gerasimo Serafim

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no. or unkown) | [[fves give wer or detes of service] Sylvia Brammer-daughter-same 2d the Ilnknown 18. CAUSE OF DEATH | Enter only one ceuse per line for (e), (b), and (c).] INTERVAL BETWEEN δ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 530 Signed IMMEDIATE CAUSE (e) DUE TO attending peen gove rise to immediate cause DUE TO (e), stelling the underlying couse lest. ihe PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION 95 PERFORMED? NO TX YES 20b. DESCRIBE HOW INJURY OCCURED, lEnter nature of injury in Pert f or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH the After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached retained by (Slete) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While et work may be retaine DIRECTOR: at work p.m. 1957 to Now 19 1961, that (1) (we) last Merch 21. 1 certify that (I) (this hospital) attended the deceased from..... saw the deceased alive on Nov 15 19 61, and that death occurred at 600M, from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE ATTENDING SIGNED 3 X DIRECTOR PHYS. PHYS. director, page 3 22c. PHYSICIAN'S 22d. ADDRESS Room 319 NAME (Type) POPOVICI 1835 Eye Street, N. W. Washington, D. C. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Ft. Lincoln Cemetery Prince Geo. Co., Maryland Burial 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) anthon S. Kraus 15M 7/61 Robert A. Pumphrey, Bethesda, Maryland DATENOV 1 6 '61

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND IGNT TOTALLY omes c. CITY OR TOWN (If optside corporate limits, write RURAL and give hearest lown b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 þ a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO NO 3. NAME OF 4. DATE Middle Yaar DECEASED OF (Typa or print) DEATH 30 19 5. SEX 6. COLOR OR RACE 8. DATO OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) pue Months WIDOWED DIVORCED I physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) гетом eve dona during most of working life, even if retired) RUIANO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Then 16. SOCIAL SECURITY NO. | 17. (Yas, no, or unkown) | (Ifyasgivawarordatasofsarvica) IME 175 Above mother INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) burial-transit **DUE TO** Conditions, if any, which 761 gava rise to immediata causa DUE TO (a), stating the underlying has causa last. certificate ha bur PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 8 9 NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 호 tained by 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm. 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.] Whila Not While Hour a.m. at work al work p.m. DIRECTOR: 41 to 11-39 196/s, that (1) (we) last 1-30 saw the deceased alive on 22a, SIGNATUR 22b. DATE MED. STAFF SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 238. BURIAL, CREMATION, | 238. /DATE THEREOF REMOVAL (Specify) SUBURBAN BETHESDA - MARYLAND HOSPITAL 12-2-61 CREMATION 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) HOSPITAL , C. CARTER, ADMIN. Orthog S. Krass 15M 9/60 BETHESDA. MD

